463-115-028-864

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

63742

Registration District No. 29

File No. .....

Primary Registration District No. 2030

Registered No. .....

FULL NAME OF CHILD ..... Elmer Roslyn Doty

Sex of Child: Male

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth: May 15 1893 (Month) (Day) (Year)

FATHER

FULL NAME: Elmer Doty

RESIDENCE: Harrison Ida.

COLOR: White

AGE AT LAST BIRTHDAY .... 29 (Years)

BIRTHPLACE: Indiana

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Tillie Youngberg

RESIDENCE: Harrison Ida.

COLOR: White

AGE AT LAST BIRTHDAY .... 29 (Years)

BIRTHPLACE: Sweden

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10 P. M. on the date above stated.

Born alive or stillborn

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer Doty

Father of Child

(Physician or midwife)

Address Harrison

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov. 9 1918

Gus Nelson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAY 5 1924 [illegible]

[illegible] OF IDAHO
[illegible] OF PUBLIC WELFARE
[illegible] OF VITAL STATISTICS

120667

County of Oneida

~~City~~ of Tindall, Ida

No 395 220 on 395 St. Registration District No. ..... State File No. 120667

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Dorothy Elizabeth Tindall

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Oct 20th, 1923

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 7th Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	William J Tindall	FULL MAIDEN NAME	Paulina Elizabeth Tindall
RESIDENCE	Tindall, Idaho	RESIDENCE	Tindall Ida
COLOR	Light	COLOR	Dark
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	George Town Del.	BIRTHPLACE	Roxana Del.
OCCUPATION	Rancher-Stockman	OCCUPATION	Mother, wife & homemaker

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 11 o'clock a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

...., 192.....

..... Registrar.

(Signature) Paulina E. Tindall

mother

(Physician or midwife)

Address Tindall Idaho

Filed May 5 1924 J. W. Almond M.D.

State Registrar.

STA
RTMENT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 120667

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth Date	Oct. 20, 1894	Oct. 20, 1893

Subscribed and sworn to before me this 17th day of Oct 1945

Notary Public, residing at Boise

My commission expires May 7-1949

(Seal)

Signed Mrs Etta P McCabe

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of Oct 1945

Notary Public, residing at Boise

My commission expires May 7 - 1949

(Seal)

Signed Chester Tindall

(Signature of Any Credible Person)

(Street Address, City, State)

NOV 21 1960

666-21-229-459

PLACE OF BIRTH

County of Latah Co.

City of Moscow.

No. ..... St.

Hospital .....



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 144446

Registration District No. 61 File No. 7499

Primary Registration District No. 1011 Registered No. 63

FULL NAME OF CHILD Rosa Lillie Wood.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept. 11 1893

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	David Allen Wood.	FULL MAIDEN NAME	Nellie McDermott
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow. Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Yam Hill Co. Oregon.	BIRTHPLACE	St Louis Mo.
OCCUPATION	farmer.	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers

M. D.

(Physician or midwife)

Address Moscow. Idaho

Filed July 9 1926 W H Carithers

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 22 1984

STATE OF IDAHO)
: ss.
County of Bonner)

Rose Lillie Sternberg, being first duly sworn on oath deposes and says: That she was born at Moscow, Idaho, on the 11th day of September, 1893; That at her birth, Dr. W. H. Carithers was the attending physician; That affiant's name prior to her marriage was Rose Lillie Wood.

Rose Lillie Sternberg

Subscribed and sworn to before me this 11th day of December, 1936.

Notary Public

Jun 5 1961

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

493-205 001-445

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 164001

Registration District No. ..... State File No. [redacted]

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Carey Dunlap Miller

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female			yes	May	5	~~19~~ 1893

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 5 (a) Born alive and now living 3

Born alive but now dead 1 Stillborn .....

FATHER		MOTHER	
FULL NAME	John F. Miller	FULL MAIDEN NAME	Mary Isabell Dunlap
Residence (Usual place of abode)	Boise	Residence (Usual place of abode)	Boise
If nonresident, give place and State		If nonresident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	38	Age at last Birthday (Years)	33
Birthplace (City and State or Country)	Switzerland	Birthplace (City and State or Country)	Indiana
Occupation	Farmer	Occupation	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Ben. Collins

(Physician or midwife)

Address .....

Filed May 1933 .....

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

367-11-4044-367

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Cambridge, State of Idaho

No. ..... St.

..... (If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 175983

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Albert Leroy Cox
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	Oct. 14th 1893 19

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth nine (a) Born alive and now living seven

Born alive but now dead two dead Stillborn none

FATHER		MOTHER	
FULL NAME	Jerome B Cox	FULL MAIDEN NAME	Alice Cox
Residence (Usual place of abode)	Died Dec 8th 1924 at Cambridge, Idaho	Residence (Usual place of abode)	Cambridge, Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	white	Color or race	White
Age at last Birthday (Years)	78 when he died	Age at last Birthday (Years)	64
Birthplace (City and State or County)	Kentuckey-place unknown	Birthplace (City and State or County)	Newtown, Illinois
Occupation	farmer	Occupation	house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 5 o'clock A.M. on the date above stated. There was no attending physician, and the midwife and other witnesses are all dead

(Signature) Mrs Alice Cox
(Physician or midwife)

Address Cambridge, Idaho

Filed Jan 1929 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

458-230219-515

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH #30

County of Custer

City of Born on Ranch,

No. Post Office, Dickey, Idaho. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

176689

Registration District No.....State File No.....

Prim. Registration District No.....Local Registrar's No.....

FULL NAME OF CHILD Anna June Uehren

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	June 30 1893

What prophylactic was used to prevent Ophthalmia Neonatorum? No

Number of child of this mother, including present birth Three (a) Born alive and now living Three

Born alive but now dead None Stillborn None

FATHER	MOTHER
FULL NAME Frank Uehren	FULL MAIDEN NAME Pauline Van Curen Uehren
Residence (Usual place of abode) Dickey, Idaho.	Residence (Usual place of abode) Dickey, Idaho.
If nonresident, give place and State	If nonresident, give place and State
Color or race White Age at last Birthday 38 (Years)	Color or race white Age at last Birthday 36 (Years)
Birthplace Galena, Illinois. (City and State or Country)	Birthplace Galena, Illinois. (City and State or Country)
Occupation Farmer	Occupation Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at Six o'clock A. M. on the date above stated.

(Signature) Mrs Martha L Peck

Midwife
(Physician or midwife)

Address 148 S. Johnson Ave. Pocatello, Idaho

Filed Jan. 9 1930 Bessie M. Lepper State Registrar.

By MH.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH FEB 5 19

County of Ada

City of Boise

No. 100 Warm Springs St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

177873

Registration District No. 2 State File No.

Prim. Registration District No. 1004 Local Registrar's No. 42

FULL NAME OF CHILD Edgar Maurice Wilson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 18, 1893

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth First (a) Born alive and now living Yes

Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME Edgar Wilson	FULL MAIDEN NAME Laura DaShiell
Residence (Usual place of abode) Boise, Ida.	Residence (Usual place of abode) Boise, Ida.
If non-resident, give place and State	If non-resident, give place and State
Color or race U.S. Age at last Birthday 31 (Years)	Color or race U.S. Age at last Birthday 26 (Years)
Birthplace Butler County, Pa. (City and State or County)	Birthplace Kankakee, Ill. (City and State or County)
Occupation Attorney	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Geo. Callister

(Physician or midwife)

Address

Filed 1-27 1930 W. H. Rhodes R. S. Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

FEB 16 1943

SEP 29 1954

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED AUG 27 1930

County of Custer

City of Lehalli

No. ~~State~~ Idaho St.

299-128-019-803 (If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 18345 7

Registration District No. ..... State File No. 183457

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Philip Kirk

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin ~~Triplet or other~~? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	first	Yes	Nov 28th 1893

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

	FATHER	MOTHER
FULL NAME	John Kirk	FULL MAIDEN NAME Edmonia Francis Halloran
Residence (Usual place of abode)	Beardsley Springs	Residence (Usual place of abode) Beardsley Springs
If non-resident, give place and State		If non-resident, give place and State
Color or race	White Age at last Birthday 44 (Years)	Color or race White Age at last Birthday 32 (Years)
Birthplace (City and State or County)	Laundry Kilmenick Ireland	Birthplace New Orleans La. (City and State or County)
Occupation	Mercer	Hot Springs

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Mrs. Holly Elder.

Nurse

(~~Physician~~ or midwife)

Address 317½ N. 8. Boise, Ida.

Filed Aug. 27 1930 Bessie M. Lepper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Custer
City of Lehalis
No. State of Idaho St.
29-28-019 813
(If born in hospital or institution give name.)

RECEIVED AUG 27 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 183458

Registration District No. ..... State File No. 183455
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD John Keirle
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male | Twin ~~Triplet~~ or ~~Quad~~ (To be answered only in event of plural births) | and Number in order of birth Second | Legitimate? Yes | Date of birth Nov 22 (Month) (Day) 1893 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living Living

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME John Keirle	FULL MAIDEN NAME Edward Frances Hallgran
Residence (Usual place of abode) Beardsley Springs	Residence (Usual place of abode) Beardsley Springs
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 44 (Years)	Color or race White Age at last Birthday 32 (Years)
Birthplace County of Limerick Ireland (City and State or County)	Birthplace New Orleans La (City and State or County)
Occupation Miner	Occupation Hot Springs

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Mrs Holly Elder.
Nurse
(Physician or midwife)

Address 317½ N. 8. Boise. Ida.

Filed Aug. 27. 1930 Bessie M. Lepper
State Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED SEP 8 1930

County of Co. Iraquater

City of Orofino

No. 632-120-018-168 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

183469

Registration District No. ..... State File No. 183469

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Just Fredrik Olson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 20, 1893

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 3 (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Erick Olson	FULL MAIDEN NAME Martha Johnson
Residence (Usual place of abode) Orofino, Idaho	Residence (Usual place of abode) Orofino, Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 38 (Years)	Color or race White Age at last Birthday 26 (Years)
Birthplace Foremark, Sweden (City and State or County)	Birthplace Garstad, Norway (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

(Signature) Erick Olson

Father

(~~Physician or midwife~~)

Address Orofino, Idaho

Filed Sept. 9 1930 Bessie N. Lepper Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

State

243-217.003-313

PLACE OF BIRTH

RECEIVED SEP 3 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

183474

County of Bannock

City of Grace

No. — St. —

(If born in hospital or institution give name.)

Registration District No. 84 State File No. 18317

Prim. Registration District No. 216 Local Registrar's No. 807

FULL NAME OF CHILD Gladys Sullivan

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	Aug. 17 1893

What prophylactic was used to prevent Ophthalmia Neonatorum? —

Number of child of this mother, including present birth 10 (a) Born alive and now living 10

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME David Douglas (Dolen) Sullivan	FULL MAIDEN NAME Caroline C. Calkins
Residence (Usual place of abode) Grace, Idaho	Residence (Usual place of abode) Grace, Idaho
If nonresident, give place and State —	If nonresident, give place and State —
Color or race White Age at last Birthday 48 (Years)	Color or race White Age at last Birthday 42 (Years)
Birthplace — Indiana (City and State or Country)	Birthplace Council Bluffs, Iowa (City and State or Country)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 3:00 A. M. on the date above stated.

(Signature) Ellis Hackley R.D.

Physician

(Physician or midwife)

Address Soda Springs Idaho

Filed Sept 30 1930 Mrs. G. G. Fitz

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Ellis Kackley

Dr. Ellis Kackley

State of Idaho,
County of Caribou } ss.

Subscribed and sworn to before me this 26th day of February 1930.

L. J. Chambers
Notary Public.
Residing at Soda
Springs, Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Grace

No. ..... St. —

(If born in hospital or institution give name.)

RECEIVED SEP

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 State File No. .....

Prim. Registration District No. 216 Local Registrar's No. 807

FULL NAME OF CHILD Gladys Sullivan

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | Twin, Triplet or other? — (To be answered only in event of plural births) and Number in order of birth — | Legitimate? Yes | Date of birth Aug (Month) 17 (Day) 1893 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? —

Number of child of this mother, including present birth 10 (a) Born alive and now living 10

Born alive but now dead 0 Stillborn .....

FATHER

FULL NAME David Dolen Sullivan

Residence (Usual place of abode) Grace

If nonresident, give place and State .....

Color or race White Age at last Birthday 48 (Years)

Birthplace Brownsville Indiana (City and State or Country)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Caudine C Calkins

Residence (Usual place of abode) Grace

If nonresident, give place and State .....

Color or race W Age at last Birthday 42 (Years)

Birthplace Council Bluffs Iowa (City and State or Country)

Occupation Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 3:00 A. M. on the date above stated.

(Signature) Ellis Hackley, M.D.

Physician
(Physician or midwife)

Address Soda Springs, Idaho

Filed Sept-1 1930 Mrs. G. G. Fitz
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-222-001-666

RECEIVED FEB 9

PLACE OF BIRTH

County of Ada

City of Boise

No. 1115 N. 10 St.

(If born in hospital or institution give name.)

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1933 CERTIFICATE OF BIRTH 209129

Registration District No. 2 State File No.

Prim. Registration District No. 1004 Local Registrar's No.

FULL NAME OF CHILD Helen Twogood
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	X (To be answered only in event of plural births)	2nd	Yes	Aug 22nd 1893

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn

FATHER	MOTHER
FULL NAME Merritt L Twogood	FULL MAIDEN NAME Ida Woods
Residence (Usual place of abode) Boise,	Residence (Usual place of abode) Boise
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last Birthday 29 (Years)	Color or race White Age at last Birthday 23 (Years)
Birthplace Leland Oregon (City and State or County)	Birthplace Boise Idaho (City and State or County)
Occupation	Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

(Signature) Leo Callaghan

(Physician or midwife)

Address Boise

Filed 1-20 1933 W. H. Rhodes
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

NOV 29 1948

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED JUL 26 1933

1. PLACE OF BIRTH

County of Shoshone

City of Wallace Idaho

No. Third St. 351 1/2 7-040 542

(If born in hospital or institution give name.)

STATE OF IDAHO 2 / 3 6
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 23668

Registration District No. 70 State File No.

Prim. Registration District No. 701 Local Registrar's No. 167

2. FULL NAME OF CHILD Robert Beale

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (MONTH, DAY, YEAR)
Male		Yes	Yes	October 27th, 1893

FATHER

9. Full name: Charles Wesley Beale

10. Residence (usual place of abode) (If non-resident, give place and State): Wallace Idaho

11. Color or race: White 12. Age at last birthday: 31 (years)

13. Birthplace (city or place) (State or country): Lima Livingston County New York

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Practicing Law

16. Date (month and year) last engaged in this work: At Present, 19___

17. Total time (years) spent in this work: four

MOTHER

18. Full maiden name: Harriet Leona Hubbell

19. Residence (usual place of abode) (If non-resident, give place and state): Wallace, Idaho

20. Color or race: White 21. Age at last birthday: 26 (years)

22. Birthplace (city or place) (State or country): Altona, Knox County, Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Home maker

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home

25. Date (month and year) last engaged in this work: At Present, 19___

26. Total time (years) spent in this work: one

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: One (b) Born alive but now dead: None (c) Stillborn: None

28. If stillborn, period of gestation: ___ months or weeks

29. Cause of stillbirth: ___ Before labor ___ During labor ___

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (BORN ALIVE OR STILLBORN) at 4:10 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ___ (DATE OF)

(Signed) Chas. V. Germonus, M. D.

or ___, Midwife

Address Boise, Idaho

Filed July 25th, 1933 Ed Stone

___ Registrar.

Registrar.

JAN 31 1949

RECEIVED N... 1935

228528

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 228528

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Gaines
City of Tampa
No. 235-2 19th 014-613 St
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Henrietta Lucille Steinmeier

3. Sex | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth July 19, 1893 (Month, Day, Year)

FATHER	MOTHER
9. Full name Julius Steinmeier	18. Full maiden name Bertha Falk
10. Residence (usual place of abode) (If non-resident, give place and State) Tampa Fla	19. Residence (usual place of abode) (If non-resident, give place and State) Tampa Fla 235
11. Color or race Or | 12. Age at last birthday ..... (years)	20. Color or race Or | 21. Age at last birthday ~~64~~ 63 (years)
13. Birthplace (city or place) (State or country) Munchyen Bavaria Germany	22. Birthplace (city or place) (State or country) Portland Oregon
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... Merchant	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ..... Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work Feb 6, 1917	17. Total time (years) spent in this work 37
25. Date (month and year) last engaged in this work June 15, 1934	26. Total time (years) spent in this work 42

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....
now now

29. If stillborn, period of gestation ..... { months or weeks } | 30. Cause of stillbirth ..... { Before labor ..... During labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Bertha Steinmeier, M. D.
or Mother, Midwife

Address 510 East 86th St New York City

Give name added from a supplemental report .....
(Date of)

Filed Jan, 1935

..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

AUG 2 6 1970

Henry L Falk. 109 W Idaho St Boise Idaho.
Rosa Falk 139 Warm Springs Ave " "
Leo J. Falk 1320 Warm Springs Ave " "

1935

226546

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

228546

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Madison
City of Rexburg
No. 299-122-077-257 St.
(If born in hospital or institution give name.)

Registration District No. 100 State File No.
Prim. Registration District No. 2178 Local Registrar's No. 1

2. FULL NAME OF CHILD Henry E. Briggs

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth Feb 22, 1893 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name Charles Briggs	18. Full maiden name Ellen Peterson
10. Residence (usual place of abode) (If non-resident, give place and State) Archer Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Archer Ida
11. Color or race W	20. Color or race W
12. Age at last birthday 32 (years)	21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or country) England	22. Birthplace (city or place) (State or country) England
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19__	25. Date (month and year) last engaged in this work ____, 19__
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1a (b) Born alive but now dead 1 (c) Stillborn

28. If stillborn, period of gestation ____ months or weeks | 29. Cause of stillbirth | Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:45 a.m. on the date above stated.
(BORN ALIVE OR STILLBORN)

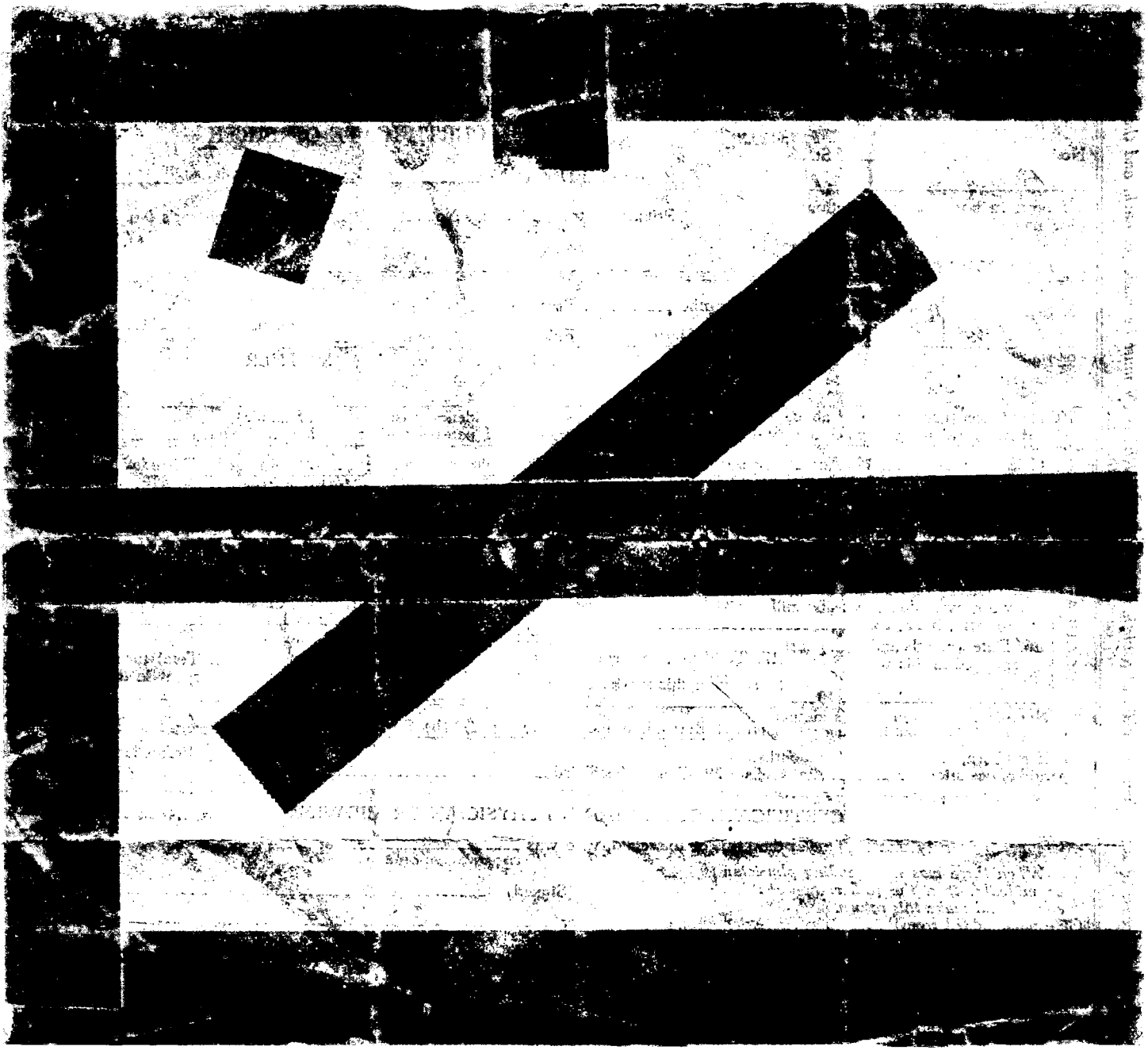
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(DATE OF)

(Signed) ____, M. D.
or Christiana Waltz, Midwife
Address Rexburg Idaho
Filed Feb. 1, 1935 Mae H. Young
Registrar.

____
Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



362 130-001 243

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 231035

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Buckley Coble

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male						April 30, 1893

FATHER	MOTHER
9. Full name: Harry Miller Coble	18. Full maiden name: Benitia Thankful Buckley
10. Residence (usual place of abode) (If non-resident, give place and State): Boise, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Boise, Ida.
11. Color or race: W. | 12. Age at last birthday: 25 (years)	20. Color or race: W. | 21. Age at last birthday: 19 (years)
13. Birthplace (city or place) (State or country): Kansas	22. Birthplace (city or place) (State or country): Boise, Ida.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks \| 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Benitia Thankful Coble mother, or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed April, 1895

..... Registrar.

..... Registrar.

391-107001-238

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 232820

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. East Bannock St. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD John Christopher Crain

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Sept. 7 1893 193.... (Month, Day, Year)

FATHER

9. Full name James C. Crain
10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho
11. Color or race W | 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Bath County, Kentucky

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stable Boss,
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Boise Barracks
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Caroline Schram
19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho
20. Color or race W | 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or Country) Silver Spring, Pa.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Caroline Crain, M. D.
or (Mother), Midwife
Address 4938 N.E. Halsey St. Portland, Oreg.
Filed 6/28/35, 193....

Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

819-21402B-355

239227

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

239227

FEB 6 1936 RECEIVED

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Kootenai
City of Bonners Ferry
No. ..... St.
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Grace Caroline Hart

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? yes

8. Date of birth March 14, 1893 (Month, Day, Year)

FATHER

9. Full name: John Wallace Hart

10. Residence (usual place of abode) (If non-resident, give place and State): Bonners Ferry, Ida.

11. Color or race: White | 12. Age at last birthday: 38 (years)

13. Birthplace (city or place) (State or Country): Ontario, Canada

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Right of Way Maint.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Great Northern R.R.

16. Date (month and year) last engaged in this work: 1894

17. Total time (years) spent in this work: 2 yrs.

MOTHER

18. Full maiden name: Emily Sophia Lee

19. Residence (usual place of abode) (If non-resident, give place and State): Bonners Ferry Idaho

20. Color or race: White | 21. Age at last birthday: 21 (years)

22. Birthplace (city or place) (State or Country): Chicago, Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: None

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
One
(a) Born alive and now living ~ (b) Born alive but now dead ~ (c) Stillborn ~

29. If stillborn, period of gestation ~ months or weeks

30. Cause of stillbirth ~ Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Emily Sophia Hart (Mrs.) M.D.

or 13 Bonners Ferry, Ida., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed 2/6/36, 193.....

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

Mrs. John Muddfield. Bonners Ferry Idaho.
Mr. W. L. Kinnear. Bonners Ferry. Idaho.
Mrs Dave. Hagen Cut Bank. Mont.

365-122-047-455

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Logan Co. in 1893.- changed later to Lincoln Co.
City of Hagerman, Idaho.
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
REC'D JAN 4 37
CERTIFICATE OF BIRTH 250458

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Arthur Lloyd Condit

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate?	8. Date of birth (Month, Day, Year)
male				Full term yes	yes	Oct. 22, 1893

FATHER - Birth Dec. 5, 1870

9. Full name: James Erwin Condit
10. Residence (usual place of abode) (If non-resident, give place and State): Hagerman Idaho
11. Color or race: white | 12. Age at last birthday: 23 (years)
13. Birthplace (city or place) (State or country): Little Sioux Iowa Harrison Co.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farmer
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work: Life

MOTHER - Birth June 16-1872

18. Full maiden name: Jennie Melvina Dennis
19. Residence (usual place of abode) (If non-resident, give place and State): Hagerman Ida.
20. Color or race: white | 21. Age at last birthday: 21 (years)
22. Birthplace (city or place) (State or country): Knoxville Iowa Marion Co.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: taught 3 yrs.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: housekeeper
25. Date (month and year) last engaged in this work: Spring of 1892
26. Total time (years) spent in this work: Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother: one (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive ~~but now dead~~ ..... (c) ~~Stillborn~~
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John L. Condit - Grandfather, M. D.
and Jennie M. Dennis Condit - Mother, ~~Midwife~~

Address .....

Give name added from a supplemental report .....
(Date of)

Filed 1/4/37, 193.....

Registrar. Registrar.

Mr. P. K. Lanchester – Bliss Ida.
Mrs. Willa Justice – Hagerman Ida.
Dr. Winford Condit – Hagerman Ida.

one copy 30. 1940 L.B.

995-165-008-343

1. PLACE OF BIRTH
County of Boise
City of Sweet
No. ____ St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 250740

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Leonard Harold Ireton

3. Sex m | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? yes | 8. Date of birth Oct. 5, 1893 (Month, Day, Year)

FATHER

9. Full name Charles Harvey Ireton
10. Residence (usual place of abode) (If non-resident, give place and State) Sweet, Idaho
11. Color or race W | 12. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Ohio

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Hannah M. Lucky
19. Residence (usual place of abode) (If non-resident, give place and State) Sweet, Ida.
20. Color or race W | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles H. Ireton M. D.
or ____, Midwife
Address R. 2 - Boise, Idaho

Give name added from a supplemental report ____
(Date of)
Registrar.

Filed 2/5/37, 193____
Registrar.

Within Fifteen Days After the Birth of Any Child Born Alive or Dead, a Certificate of Birth Must Be Filed for Each Child, and the Person in Charge of the Case Must Make One Child at Birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mrs. John Talley - Boise, Idaho

J. A. Arden - Seattle, Wash.

Pete Conoughton - Boise - Idaho

393-127-022-194

RECEIVED
APR 2 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

W 24 N

Registration District No. ____ State File No. 252475

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Latah
City of Cornwall
No. ____ Idaho St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Otis Roy Lile

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term X | 7. Legitimate? yes | 8. Date of birth March 27 ~~1893~~ 1893 (Month, Day, Year)

FATHER

9. Full name Squire Newton Lile - Cornwall Idaho
10. Residence (usual place of abode) (If non-resident, give place and State) ~~Umatilla Oregon~~
11. Color or race White | 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Umatilla Oregon

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work 4

MOTHER

18. Full maiden name Ida May Armstrong
19. Residence (usual place of abode) (If non-resident, give place and State) Cornwall Idaho
20. Color or race White | 21. Age at last birthday 19 (years)
22. Birthplace (city or place) Alpine (State or Country) California

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother two (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now ~~dead~~ living (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) [redacted] Physician, M. D.
or [redacted] Midwife
Address Father Squire N. Lile

Filed 4/12, 1937

Registrar.

Mrs Buchanan Nov Deceased dated as Midwife. Address Grofino Idaho.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

Mrs L. L. Armstrong
1713 - 14th St.
Everett Washington

Mrs A L McCarty
2010 - W. 2nd Ave
Spokane Washington.

Mr L L Armstrong.
State St
Bend Oregon.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

243-43.020-249

1. PLACE OF BIRTH

County of Elmore

City of Atlanta

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

20 6474

Registration District No. ..... State File No. 257518

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD George Marquis Butler

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
M		Full term	Yes	May 13 1893

FATHER	MOTHER
9. Full name: George Edmund Butler	18. Full maiden name: Effie Clarissa Smith
10. Residence (usual place of abode) (If non-resident, give place and State): Atlanta	19. Residence (usual place of abode) (If non-resident, give place and State): Atlanta
11. Color or race: W / 12. Age at last birthday: 41 (years)	20. Color or race: / 21. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or Country): Illinois	22. Birthplace (city or place) (State or Country): Nebraska
OCCUPATION — 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:	OCCUPATION — 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.:
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife
16. Date (month and year) last engaged in this work: ....., 19.... / 17. Total time (years) spent in this work:	25. Date (month and year) last engaged in this work: ....., 19.... / 26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 2

(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... months or weeks / 30. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... (Born Alive or Stillborn) at..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....

(Date of)

.....
Registrar.

(Signed) ....., M. D.

or Effie Grey, Midwife

Address 1601 Denver St Boise

Filed 8-16-37, 193....

.....
Registrar.

996214-004652

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

257730

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Nessi Ella Irwin

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
F	4. Twin, triplet, or other ..... 5. Number, in order of birth	..... /	.....	Sept. 14, 1893 (Month, Day, Year)

FATHER

9. Full name: Richard Erwin

10. Residence (usual place of abode) (If non-resident, give place and State): Montpelier

11. Color or race: W | 12. Age at last birthday: 31 (years)

13. Birthplace (city or place) (State or Country): Toronto, Canada

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fireman on

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: RR

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Adah Ann Webster

19. Residence (usual place of abode) (If non-resident, give place and State): Montpelier

20. Color or race: W | 21. Age at last birthday: 18 (years)

22. Birthplace (city or place) (State or Country): Montpelier, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child): Two
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Adah Ann Rivers Mother, M. D.

or ....., Midwife

Address Sheridan, Oregon

Give name added from a supplemental report .....
(Date of)

Filed 7-18-37 Subscribed and sworn to before me this 18th day of Aug. 1937

Registrar. Pearl Dillingham State Registrar.

JUN 1 4 1947

MAY 1 7 1962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

259837

1. PLACE OF BIRTH
County of Blaine (Alturas)
City of Hailey
No. 465 717 045 493 St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Ronald Wesley Montandon

3. Sex M | If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term X | 7. Legitimate? Yes | 8. Date of birth April 17, 1893 (Month, Day, Year)

FATHER

9. Full name: August Francis Montandon
10. Residence (usual place of abode) (If non-resident, give place and State): Hailey
11. Color or race: white | 12. Age at last birthday: 44 (years)
13. Birthplace (city or place) (State or Country): suburb of Paris, France

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: attorney-at-las
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: his own office
16. Date (month and year) last engaged in this work: present time, 19__
17. Total time (years) spent in this work: 16

MOTHER

18. Full maiden name: Cynthia Augusta Millsaps
19. Residence (usual place of abode) (If non-resident, give place and State): Hailey
20. Color or race: white | 21. Age at last birthday: 22 (years)
22. Birthplace (city or place) (State or Country): Rockport, Atchison County, Missouri, on farm

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home
25. Date (month and year) last engaged in this work: present time, 19__
26. Total time (years) spent in this work: 2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? don't know
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none
29. If stillborn, period of gestation - - - - - . { months or weeks
30. Cause of Stillbirth - - - { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Cynthia A. Montandon, mother, M. D.
or ____, Midwife
Address 720½ Idaho St. Room 206 Boise Idaho

Give name added from a supplemental report ____ (Date of) ____

Filed ____, 193__ Registrar.

Subscribed and sworn to before me this 12 day of Nov. 1937 Registrar.

Pearl Dillingham State Registrar

SEP 1 2 1942

855-118014 331

RL

NOV 26 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

260951

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. 2 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Homer Andrew Henry

3. Sex Male
If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term X
7. Legitimate? X
8. Date of birth Sept. 18, ~~1937~~ 1893 (Month, Day, Year)

FATHER

9. Full name Andrew Morrison Henry
10. Residence (usual place of abode) (If non-resident, give place and State) dead
11. Color or race White | 12. Age at last birthday 44 (years)
13. Birthplace (city or place) Ohio (State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. lawyer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work Mar. 1, 1926
17. Total time (years) spent in this work 20yrs

MOTHER

18. Full maiden name Florence Maud Clary
19. Residence (usual place of abode) (If non-resident, give place and State) Nampa Idaho
20. Color or race White | 21. Age at last birthday 44 (years)
22. Birthplace (city or place) Washington (State or Country) Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeping
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Oct. 14, 1937
26. Total time (years) spent in this work 47yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother 2 (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... { months or weeks
30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.

Give name added from a supplemental report Martha Hamilton
(Date of)

(Signed) Maud Henry (mother), M. D.
or 219 15th Ave. No. Nampa, Idaho, Midwife
Address Caldwell Ida

Filed NOV 26 1937, 193...

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Canyon } ss.

Maud Henry being first duly sworn says that Homer Andrew Henry is the son (Relationship of child)* of Andrew Henry & Maud Henry

born Sept. 18 - 1893 (Date of birth) at Nampa, Idaho,

whose certificate of birth is hereto attached, and that Maud Henry desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Homer Andrew Henry

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. P S - Rathbun M. D. was the ~~Midwife~~ medical attendant at the birth of said Homer Andrew Henry and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Maud Henry

P. O. Address 219 - 10 th St. No. Nampa - Idaho

Subscribed and sworn to before me this 23rd day of January, 1937

Notary Public.

Residing at Nampa, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DEC 1958
1955

845 107 014-759

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City or Town Nampa
No. 9½ 2nd Ave. N. St.
(If born in hospital or institution give name.)

RECEIVED
APR 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 264564

Registration District No. ..... State File No. 264564
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Frank Andrew Huntley

3. Sex: Male
If plural births: 4. Twin, triplet, or other... X ; 5. Number, in order of birth...
6. Premature? No. Full term? Yes
7. Legitimate? Yes
8. Date of birth Sept 7 1893 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Louis G. Huntley	18. Full maiden name: Emma J Penn
10. Residence (usual place of abode) (If non-resident give place and State): Nampa Ida	19. Residence (usual place of abode) (If non-resident give place and State): Nampa Ida
11. Color or race: White	20. Color or race: White
12. Age at last birthday: 37 (years)	21. Age at last birthday: 33 (years)
13. Birthplace (city or place) (State or country): Bellevue Idaho	22. Birthplace (city or place) (State or country): Plattsburgh, Nebraska
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Waterworks Plumber's Helper	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ✓	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ✓
16. Date (month and year) last engaged in this work: ....., 19.....	25. Date (month and year) last engaged in this work: ....., 19.....
17. Total time (years) spent in this work: ✓	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2nd Bruce ed

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ✓ months or weeks
30. Cause of stillbirth ✓ Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 7 a.m. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J H Murray, M. D.
or ....., Midwife
Address Nampa Idaho

Give name added from a supplemental report.....
(Date of)
.....
Registrar.

Filed RECEIVED APR 8 1938, 193.....
Registrar.

Over

Nampa Idaho. April 6th 1938

This person was born before the state had any birth registration laws—

I was in attendance at his birth and hereby testify to the facts as stated.

J. H. Murray M.D.

296126-037-367

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Owyhee
City of Delamar
No. ____ St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 265397

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Victor Martin Brooks

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ____
7. Legitimate? yes
8. Date of birth Dec. 26, 1893 (Month, Day, Year)

FATHER

9. Full name: John Wesley Brooks
10. Residence (usual place of abode) (If non-resident, give place and State): Delamar, Ida.
11. Color or race: W | 12. Age at last birthday: 39 (years)
13. Birthplace (city or place) (State or Country): Seymour, Ind.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____
16. Date (month and year) last engaged in this work: ____, 19____
17. Total time (years) spent in this work: ____

MOTHER

18. Full maiden name: /Cora Lucretia Cox
19. Residence (usual place of abode) (If non-resident, give place and State): Delamar, Ida.
20. Color or race: W | 21. Age at last birthday: 20 (years)
22. Birthplace (city or place) (State or Country): Near Coon Rapids, Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____
25. Date (month and year) last engaged in this work: ____, 19____
26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Cora M Brooker Hall, (Mother) M.D.
or ____
Address Box 105, Boise, Idaho
Subscribed and sworn to before me this 25 day of March 1938
Midwife

Give name added from a supplemental report ____
(Date of) ____
Filed 3/25/38, 193____ Pearl Dilling Lam
Registrar. State Registrar.

1. PLACE OF BIRTH 1445-228 029961

County of Latah

City of Moscow Idaho

No. R F D # 2 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 2 1938

CERTIFICATE OF BIRTH

266280

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Vivian Othelia Munson

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female		Full term	yes	Sept 28th, 1893

	FATHER	MOTHER
9. Full name / 18. Full maiden name	Charles J. Munson	Clemma E. Roadruck
10. Residence (usual place of abode) (If non-resident, give place and State) / 19.		Moscow Idaho
11. Color or race / 20.	White	White
12. Age at last birthday (years) / 21.	32	24
13. Birthplace (city or place) (State or Country) / 22.	Near Attica Indiana	Arcadia Indiana
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / 23.	Farmer	House keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24.		"
16. Date (month and year) last engaged in this work / 25.	Sept 28th, 1893	Sept 28th, 1893
17. Total time (years) spent in this work / 26.	all	all

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Don't know

28. Number of children of this mother (At time of this birth and including this child) V
(a) Born alive and now living V (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed MAY 2 1938, 193....

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Charles J. Munson being first duly sworn says that he is the Father (Relationship of child)* of Vivian Othelia Munson born Sept 28th 1893 (Date of birth) at R.F.D #2 Moscow, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Vivian Othelia Munson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. D. Rogers ~~M. D.~~ was the Midwife medical attendant at the birth of said Vivian Othelia Munson and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Charles J. Munson

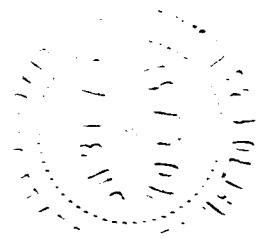
P. O. Address R F D #2, Moscow, Idaho

Subscribed and sworn to before me this 29th day of April, 1938

L. Meeden Schmitz
Notary Public.

Residing at Moscow, Idaho, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



A-795-219.014-798

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Custer
City of Bayhorse
No. ____ St. ____
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

267203

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Agnes Pryor

3. Sex: female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ____
7. Legitimate? ____
8. Date of birth May 19, 1893 (Month, Day, Year)

FATHER

9. Full name William Benjamin Pryor
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race White | 12. Age at last birthday 43 (years)
13. Birthplace (city or place) (State or Country) Barry, Ill.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Addie Vance Pryor
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
20. Color or race White | 21. Age at last birthday 39 (years)
22. Birthplace (city or place) (State or Country) Paris, Ill.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 3 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ____, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____
(Date of) ____
Registrar.

Filed June, 1938
Registrar.

dup of 1893-D55-628

BOTH DELAYED

STATE OF IDAHO
BAILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Addie Pryor being first duly sworn says that she is the mother (Relationship of child)* of Agnes Pryor Klingensmith born May 19, 1893 (Date of birth) at Bayhorse, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Agnes Pryor Klingensmith hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Charles Baker M. D. was the ~~Midwife~~ medical attendant at the birth of said Agnes Pryor Klingensmith and that the said medical attendant is living but address is unknown
(Now deceased (or) cannot be located)

Name of Affiant Addie Pryor

P. O. Address

Subscribed and sworn to before me this 11th day of June, 1938

C. S. Hunter
Notary Public.

Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

214-20-028-595

267780

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 11 1938

Registration District No. _____ State File No. 267780

Prim. Registration District No. _____ Local Registrar's No. _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Rathdrum
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Katheryn Lucia Kaufmann

3. Sex: Female

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term Yes

7. Legitimate? Yes

8. Date of birth March 7, 1893 (Month, Day, Year)

FATHER

9. Full name: Louis Kaufmann

10. Residence (usual place of abode) (If non-resident, give place and State): Rathdrum

11. Color or race: White | 12. Age at last birthday: 34 (years)

13. Birthplace (city or place) (State or Country): Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Agriculture

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own Farm

16. Date (month and year) last engaged in this work: March 7, 1893

17. Total time (years) spent in this work: 8

MOTHER

18. Full maiden name: Mary Louise Eresch

19. Residence (usual place of abode) (If non-resident, give place and State): Rathdrum

20. Color or race: White | 21. Age at last birthday: 20 (years)

22. Birthplace (city or place) (State or Country): Aurora, Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home

25. Date (month and year) last engaged in this work: March 7, 1893

26. Total time (years) spent in this work: 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child): 1
(a) Born alive and now living: 2 (b) Born alive but now dead: _____ (c) Stillborn: _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)

(Signed) _____, M. D.
or X Louis Kaufmann, Midwife
Address Dohema Park Calif.

Filed JUL 11 1938 19__

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Orange } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I Louis Kaufmann, Kathryn Lucia Kaufmann being first duly sworn says that
She he is the daughter father of Louis and Mary Louise Kaufmann
(Relationship of child)*
born March 7, 1893 at Rathdrum, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Kathryn Lucia Kaufmann hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Melda [redacted]. was the Midwife medical attendant at the birth of said Kathryn Lucia Kaufman and that the said medical attendant is Cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Louis Kaufmann
P. O. Address Doheny Park

Subscribed and sworn to before me this 25 day of May, 19[illegible]

John Lauder
Notary Public.
Residing at SAN JUAN CAPISTRANO, Calif.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires April 29, 1939

113 202 044/165

269983

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 269983

AUG 17 1938

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD [redacted] Ellen May Jackson

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term Yes	7. Legitimate? Yes	8. Date of birth Feb. 2, 1893 (Month, Day, Year)
Female				

FATHER	MOTHER
9. Full name: Alexus Jackson	18. Full maiden name: Rebecca May Owen
10. Residence (usual place of abode) (If non-resident, give place and State): Weiser, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Weiser, Idaho
11. Color or race: White | 12. Age at last birthday: 23 (years)	20. Color or race: White | 21. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Davis County, Missouri	22. Birthplace (city or place) (State or Country): Blue Springs, Nebraska
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
[redacted]ate (month and year) [redacted]st engaged in this work [redacted]ow engaged, 1938	25. Date (month and year) last engaged in this work: Now engaged, 19.....
17. Total time (years) spent in this work: 6	26. Total time (years) spent in this work: 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) This is first child
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Alexus Jackson Father

or Rebecca May Jackson Mother / Midwife

Address .....

Filed AUG 27 1938, 193... Pearl Dellinghaus State Registrar

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Washington } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Rebecca May Jackson being first duly sworn says that she is the mother (Relationship of child)* of Ellen May Jackson born February 2, 1893 (Date of birth) at Weiser, Idaho, whose certificate of birth is hereto attached, and that Ellen May Jackson desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Ellen May Jackson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Susanna M. Dawson M.D. ~~M.D.~~ Midwife was the medical attendant at the birth of said Ellen May Jackson and that the said ~~medical attendant~~ midwife is now deceased. (Now deceased (or) cannot be located)

Name of Affiant Rebecca May Jackson

P. O. Address Weiser, Idaho

Subscribed and sworn to before me this 26th day of August, 1938

John J. Peacock
Notary Public.

Residing at Weiser, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Washington } ss.

Alexus Jackson being first duly sworn says that he is the father (Relationship of child)* of Ellen May Jackson born February 2, 1893 (Date of birth) at Weiser, Idaho, whose certificate of birth is hereto attached, and that Ellen May Jackson desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Ellen May Jackson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Susanna M. Dawson ~~was~~ was the Midwife medical attendant at the birth of said Ellen May Jackson and that the said ~~medical attendant~~ midwife is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant. Alexus Jackson

P. O. Address Weiser, Idaho

Subscribed and sworn to before me this 26th day of August, 1938

John J. Barrett
Notary Public.

Residing at Weiser, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

4319-128-003-659

1. PLACE OF BIRTH

County of Bannock

City of Pocatello, Idaho

No. Cleveland Avenue St.

(If born in hospital or institution give name.)

OCT 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 271134

Registration District No. _____ State File No. 271134

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD John Page Carrie

3. Sex

If plural births { 4. Twin, triplet, or other —
5. Number, in order of birth 1

6. Premature — Full term yes

7. Legitimate? Yes

8. Date of birth June 28, 1923 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John Russell Carrie	18. Full maiden name: Jennie Weidenman
10. Residence (usual place of abode) (If non-resident, give place and State):	19. Residence (usual place of abode) (If non-resident, give place and State): Pocatello Ida
11. Color or race: White | 12. Age at last birthday: 25 (years)	20. Color or race: White | 21. Age at last birthday: 21 (years)
13. Birthplace (city or place) (State or Country): Maumee Ohio	22. Birthplace (city or place) (State or Country): Northport Michigan
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fireman	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: railroad	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: —
16. Date (month and year) last engaged in this work: _____, 19__	25. Date (month and year) last engaged in this work: _____, 19__
17. Total time (years) spent in this work: 2 yrs	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — { months or weeks

30. Cause of Stillbirth — { During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 3 at 4 m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

Mrs Jennie Carrie
Registrar.

(Signed) _____, ~~M. D.~~

or _____, ~~Midwife~~

Address _____

Filed _____ 193__

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Pierce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Jennie Carrie being first duly sworn says that she is the Mother of John Page Carrie
(Relationship of child)*

born June 25, 1893 at Pocatello, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said John Page Carrie hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Longsdale M. D. was the ~~Midwife~~ medical attendant at the birth of said John Page Carrie and that the said medical attendant is Cannot be located
(~~Now deceased~~ (or) cannot be located)

Name of Affiant Mrs. Jennie Carrie

P. O. Address 511 So Sheridan Tacoma Wash

Subscribed and sworn to before me this 8 day of ~~October~~ Oct, 19 38

C. J. Mason
Notary Public.

Residing at Tacoma, ~~Idaho.~~ Wash

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

(169-29-803 869)

1. PLACE OF BIRTH

County of Bannock

City of Soda Springs, Idaho

No. None St.

(If born in hospital or institution give name.) at home

NOV -1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

272299

Registration District No. _____ State File No. 272299

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Hugh Carlton Dorrien

3. Sex Male | If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Sept. 29, 1893 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Hugh Thomas Dorrien	18. Full maiden name (Horsley) Elizabeth Dorrien
10. Residence (usual place of abode) (If non-resident, give place and State)	Soda Sppings	19. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs
11. Color or race	White	20. Color or race White
12. Age at last birthday	36 (years)	21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country)	Salt Lake City ######Lake#Utah	22. Birthplace (city or place) (State or Country) Soda Springs Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Idanha Mineral Bottling Company	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work	Sept, 1908	25. Date (month and year) last engaged in this work Jan. 11, 1909
17. Total time (years) spent in this work	15	26. Total time (years) spent in this work 16

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn 3

29. If stillborn, period of gestation Unknown { months or weeks

30. Cause of Stillbirth Unknown { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

(Signed) Hugh Thomas Dorrien, M. D.
or Hugh T. Dorrien, Father, ######Midwife
Address Soda Srpings, Idaho

Registrar.

Filed NOV -1 1938, 193_____

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Utah
County of Salt Lake } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Hugh Thomas Dorrien being first duly sworn says that He is the Father (Relationship of child)* of Hugh Carlton Dorrien born September 29, 1893 (Date of birth) at Soda Springs, Idaho, whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Hugh Carlton Dorrien hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor Hoover of Montpelier, Idaho M. D. was the Midwife medical attendant at the birth of said Hugh Carlton Dorrien and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Hugh Thomas Dorrien

Name of Affiant Hugh Thomas Dorrien

P. O. Address Fort Douglas, Utah

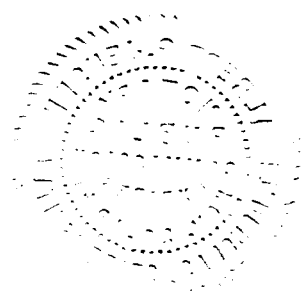
Subscribed and sworn to before me this 22nd day of October, 1938

Albert E. Jensen
Notary Public.

Residing at Salt Lake City, Utah, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

RECEIVED



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 719 - 20 St.

003 819

(If born in hospital or institution give name.)

NOV 30 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 273291

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Gladys Garr

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	June 8, 1893 (~~19~~)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Thomas Fielding Garr

Residence (Usual place of abode) 27 at time of Birth of G. G. Garr

If non-resident, give place and State died in 1908 age

Color or race white Age at last birthday ~~[illegible]~~ 27 (Years)

Birthplace Mielville Cache Co Utah (City and State or County)

Occupation carpenter

MOTHER

FULL MAIDEN NAME Agnes Hattie Hargraves

Residence (Usual place of abode) Pocatello Idaho

If non-resident, give place and State 27 at time of Birth of child

Color or race white Age at last birthday ~~[illegible]~~ 27 (Years)

Birthplace Providence Utah (City and State or County)

Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Mrs Agnes Garr

Mother

(~~Physician or midwife~~)

Address 645 No Hayes Pocatello Idaho

Filed NOV 30 1938 .....

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Pocatello Idaho Mrs W L Rice
Pocatello Idaho Mr Thos Hargraves
Wallace Idaho Mrs H J Huber

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Bannock } ss.

Agnes Garr being first duly sworn says that she is the mother (Relationship of child)* of Gladys Garr born June 8, 1893 (Date of birth) at Pocatello, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Gladys Garr hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Olan M. D. was the Midwife medical attendant at the birth of said Gladys Garr and that the said medical attendant is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant Agnes Garr

P. O. Address 645 No Hayes Pocatello Idaho

Subscribed and sworn to before me this 28th day of Nov, 1938

Notary Public.

Residing at Pocatello, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 1961

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 1464-208 035-433

County of Nez Perce

City of Lewiston

No. farm 16 miles St.

From Lewiston

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 27 1939

CERTIFICATE OF BIRTH

V-1643V

276432

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Hazel Blanche Mounce.

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term X	7. Legitimate? yes	8. Date of birth Sept 8, 1893 (Month, Day, Year)
female				

FATHER

9. Full name Jasper Newton Mounce

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race White 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) Lynn County Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm.

16. Date (month and year) last engaged in this work _____, 19__

17. Total time (years) spent in this work Life time

MOTHER

18. Full maiden name Margaret Emma McLeod

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

20. Color or race White 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Lynn County Iowa.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19__

26. Total time (years) spent in this work Life time

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Six
(a) Born alive and now living 6 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc. should make this return.
Give name added from a supplemental report Myda W. Beach M.D. J.B. Morris
(Date of)

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed FEB 27 1939 193__

Registrar.

Registrar.

AFFIDAVIT

Nyda a. Beach, being first duly sworn upon oath deposes and says; that She is the Sister of Blanche Monroe that She was born at farm in Nezperce County, Idaho, Sept 8. 1893.

Nyda A. Beach.

Subscribed and sworn to before me this 21 day of February 1939.

[signature]

589-214 040-279

SHOSHONE

1. PLACE OF BIRTH

County of ~~Shoshone~~ Burke, Idaho - BURKE, IDAHO

City of [redacted]

No. [redacted] St.

(If born in hospital or institution give name.)

MAR 14 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 276488

276 - 8

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ruth Eleanor Ehrenberg

3. Sex: Female

If plural births: 4. Twin, triplet, or other: No; 5. Number, in order of birth: .....

6. Premature: No; Full term: Yes

7. Legitimate? Yes

8. Date of birth: May 14, 1893 (Month, Day, Year)

FATHER	MOTHER
9. Full name: C. Edward Ehrenberg	18. Full maiden name: Anna Stroberg
10. Residence (usual place of abode) (If non-resident, give place and State): Burke, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Burke, Idaho
11. Color or race: White; 12. Age at last birthday: 29 (years)	20. Color or race: White; 21. Age at last birthday: 18 (years)
13. Birthplace (city or place) (State or Country): Sweden	22. Birthplace (city or place) (State or Country): Sweden
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mining Engineer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Mines	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work: Life	26. Total time (years) spent in this work: Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1st
(a) Born alive and now living: One (b) Born alive but now dead: None (c) Stillborn: None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

.....
Registrar.

(Signed) ..... M. D.

X or Freda J. Ehrenberg Aunt Midwife

Address S. 720 Adams St., Spokane Wn

Filed MAR 14 [illegible], 193...

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Spokane } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Freda Ehrenburg being first duly sworn says that

is the Aunt (Relationship of child)* of Ruth Eleanor Ehrenburg

born May 14, 1893 (Date of birth) at Wallace, Idaho, Idaho,

whose certificate of birth is hereto attached, and that Freda Ehrenburg desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ruth Eleanor Ehrenburg

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mary Mogstad [redacted]. was the Midwife medical attendant at the birth of said Ruth Eleanor and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Freda G. Ehrenburg.

P. O. Address S. 720 Adams St. Spokane Wn

Subscribed and sworn to before me this 16th day of Feb, 1939

E. M. Keenan
Notary Public.

Residing at Spokane Wash., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah City of Moscow No. 275-220 Idaho 029-313 St.
Born in the home
(If born in hospital or institution give name.)

RECEIVED APR 24 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

278490

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 278490
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Opal Edna Spekker

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
female	4. Twin, triplet, or other ..... 5. Number, in order of birth	.....	.....	Aug. 20, 1893 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Staas Spekker	18. Full maiden name: Mary Latch
10. Residence (usual place of abode) (If non-resident, give place and State): Moscow, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Moscow, Idaho
11. Color or race: white | 12. Age at last birthday: 54 (years)	20. Color or race: white | 21. Age at last birthday: 42 (years)
13. Birthplace (city or place) (State or Country): Hannover, Germany	22. Birthplace (city or place) (State or Country): Allentown, Pa.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work ....., 19.. | 17. Total time (years) spent in this work: 20	25. Date (month and year) last engaged in this work ....., 19.. | 26. Total time (years) spent in this work: 24

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 11
(a) Born alive and now living: 11 (b) Born alive but now dead: ..... (c) Stillborn: .....

29. If stillborn, period of gestation ..... { months or weeks } \| 30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mary Spekker (Mother), ~~M. D.~~
or ....., ~~Midwife~~
Address 3502 McKenzie Ave. Fresno, Cal.

Give name added from a supplemental report .....
(Date of)
Filed ....., 193.. .....
Registrar.

APR 24 1939

Registrar.

STATE OF IDAHO

278590

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Fresno } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Spekker being first duly sworn says that

She is the Mother (Relationship of child)* of Opal Edna Spekker

born August 20, 1893 (Date of birth) at Moscow, Idaho,

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Opal Edna Spekker hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Mary Spekker

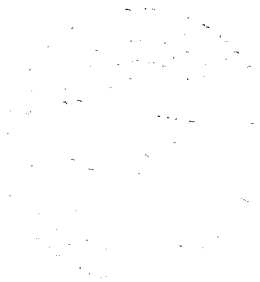
P. O. Address

Subscribed and sworn to before me this 18 th day of April, 1939

Viola Hughes
Notary Public.

Residing at Fresno California, ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



A943.127008-315

RECEIVED APR 27 1939

2785-18

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

278518

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Boise now Valley
City of Van Wyck now Cascade.
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Percy Edward Rutledge

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth Dec 27, 1893 (Month, Day, Year)

FATHER

9. Full name James Edward Rutledge
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White 12. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) El Paso Illinois.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Lovie Lillette Landreth
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White 21. Age at last birthday 19 (years)
22. Birthplace (city or place) (State or Country) Story County, Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
Second
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn 1

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address APR 27 1939

Give name added from a supplemental report .....
(Date of)
Filed April 27, 1939
Registrar.
Registrar.

STATE OF IDAHO

C. A. Bottolfsen [redacted], GOVERNOR

278518

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Canyon } ss.

James Edward Rutledge being first duly sworn says that he is the father (Relationship of child)* of Perry Edward Rutledge born December 27-1893 (Date of birth) at Van Wyck now Cascade ~~Idaho~~, whose certificate of birth is hereto attached, and that James Edward Rutledge desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Perry Edward Rutledge hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Evans ~~M. D.~~ Midwife was the medical attendant at the birth of said Perry Edward Rutledge and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant James Edward Rutledge

P. O. Address Middleton, Idaho

Subscribed and sworn to before me this 25 day of April, 1939

Chas Gethmann
NOTARY PUBLIC Notary Public.

Residing at COMMISSION EXPIRES MAY 31, 1939, Idaho.
RESIDING AT MIDDLETON, IDAHO

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 1 1960

NOV 1 5 1976



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1939

CERTIFICATE OF BIRTH

279588

1. PLACE OF BIRTH
County of Shoshone
City of Mullan
No. 356 206 040 251 St.
(If born in hospital or institution give name.)

Registration District No. Lebanon
Prim. Registration District No.
State File No. 279588
Local Registrar's No.

2. FULL NAME OF CHILD Marie Eugenia Lefebvre (Mrs J. P. Fitzpatrick)

3. Sex Female
If plural births { 4. Twin, triplet, or other
5. Number, in order of birth
6. Premature
Full term
7. Legitimate?
8. Date of birth May 6, 1893 (Month, Day, Year)

FATHER

9. Full name John Baptist Lefebvre
10. Residence (usual place of abode) (If non-resident, give place and State) Wallace Idaho
11. Color or race White
12. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Near Quebec City Canada

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner or laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ..., 19...
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Marie Aslie Boudreau
19. Residence (usual place of abode) (If non-resident give place and State) Wallace Idaho
20. Color or race White
21. Age at last birthday 38 (years)
22. Birthplace (city or place) (State or Country) Near Quebec City Canada

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ..., 19...
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ... (b) Born alive but now dead 1 (c) Stillborn ...

29. If stillborn, period of gestation ... { months or weeks
30. Cause of Stillbirth ... { During labor ... Before labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ... on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Marie Eugenia Lefebvre, M. D.
now Mrs John P. Fitzpatrick
or ..., Midwife

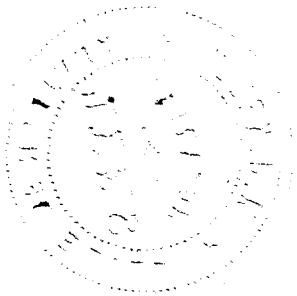
Give name added from a supplemental report ...

Subscribed and sworn to before me this 16th day of May
(Date of) 1939

Filed May 1939

M. J. Kelly
Registrar.

the enclosed Photostatic Certificate is presented



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Montana
County of Deer Lodge } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mayde Eugenia Lefebre being first duly sworn says that she is the person named in Baptismal record
(Relationship of child)*

born May 6 - 1893 at Mullan, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Marie Eugenia Lefebre hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that unknown M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is unknown
(Now deceased (or) cannot be located)

Name of Affiant Marie Eugenia Lefebre now Mrs. John P. Fitzpatrick

P. O. Address

Subscribed and sworn to before me this 16 day of May, 1939

M Kelly
Notary Public

Residing at Anaconda, [illegible]

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1941



5-22-'39

RECEIVED
MAY 23 1939

Miss L. Atwood-

My reason for not answering all the questions on certificate is because I'm not absolutely sure of the truth as I told you before in my other letters. However, I will now answer them as per your request. About the age of my parents. I really can't swear to that I imagine they were around 40 years of age at the time of my birth. I may be wrong just a few years but that's the best I can do.

I can furnish you the names of people living in Wallace Idaho that knew my parents 30 years ago but not at the time of my birth.

I'm sorry to cause you so much trouble but I have tried to give you all the information that I possibly can.

Mrs John P. Fitzpatrick
502 E. Commercial Ave
Anaconda Montana

C. A. BOTTOLFSEN, GOVERNOR
EMORY AFTON, COMMISSIONER
DEPARTMENT OF PUBLIC WELFARE
H. L. McMARTIN, M. D., DIRECTOR
DIVISION OF PUBLIC HEALTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BOISE

BOARD OF PUBLIC WELFARE
FRANK ENSIGN, BOISE
T. S. KERR, MOSCOW
I. E. ROCKWELL, BELLEVUE
L. O. NICHOLS, BOISE
FRANK ATKINS, BUHL

RECEIVED
MAY 23 1939

May 19, 1939

Mrs. J. P. Fitzpatrick,
802 E. Commercial Avenue,
Anaconda, Montana

Dear Mrs. Fitzpatrick:

We are returning certificate of birth of Marie Eugenia Lefebre. We cannot issue a certified copy of this birth until all the questions on this are answered. Will you please answer all the questions checked in red pencil and as soon as you return it completely filled out we will issue the certified copy.

We are holding fifty cents in currency until we receive this completed certificate from you.

Very truly yours,

DIVISION OF PUBLIC HEALTH
Mae G. Atwood
Mae G. Atwood, Registrar
Bureau of Vital Statistics.
Encls.

279611

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

279611

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of A455-204029-212 RECEIVED
City of Moscow, Idaho
No. (not known) Lily St. MAY 31 1939
(If born in hospital or institution give name.)
Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Hazel Hattie Menge

3. Sex
If plural births { 4. Twin, triplet, or other .....
5. Number, in order of birth 4
6. Premature ..... Full term Yes
7. Legitimate? yes
8. Date of birth Jan 4th ~~1900~~ 1893 (Month, Day, Year)

FATHER

9. Full name Paul Menge
10. Residence (usual place of abode) (Lily Street) Moscow, Idaho (If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 36 (years)
13. Birthplace (city or place) Germany (State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Maker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Shop
16. Date (month and year) last engaged in this work January, 1893
17. Total time (years) spent in this work 8 years

MOTHER

18. Full maiden name Amelia Christina Basalt
19. Residence (usual place of abode) Lily St. Moscow, Idaho (If non-resident, give place and State)
20. Color or race White | 21. Age at last birthday ~~28~~ (years)
22. Birthplace (city or place) Germany (State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work January, 1893
26. Total time (years) spent in this work 8 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child) 4 children
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report May 26 - 1939 (Date of)

Gladys Mable Menge (Sister) Registrar.

Filed May, 1939 Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of CALIFORNIA }
County of San Francisco } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Gladys Mable Menge being first duly sworn says that she is the sister (Relationship of child)* of Hazel Hattie Menge

born January 4th, 1893 (Date of birth) at Moscow, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Hazel Hattie Menge, of 495 Morse Street, San Francisco California hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that unknown M. D. was the Midwife medical attendant at the birth of said " and that the said medical attendant is " (Now deceased (or) cannot be located)

Name of Affiant Gladys Mable Menge

P. O. Address 495-33rd Ave San Francisco

Subscribed and sworn to before me this 26th day of May, 1939

[redacted] Notary Public.
In and for the City and County of San Francisco, State of California.

Residing at [redacted], Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 17 1929

Registration District No. ____ State File No. 280704

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Idaho.

No. 3rd & Foster St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ignatius Bernard Healy

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth Nov 15th, 1893 (Month, Day, Year)

FATHER

9. Full name: Joseph Patrick Healy

10. Residence (usual place of abode) (If non-resident, give place and State) Deceased

11. Color or race White 12. Age at last birthday [illegible] (years)

13. Birthplace (city or place) Castelbar, Ireland. (State or Country) County of Cork

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work: Died Sept 1929, 19____

17. Total time (years) spent in this work Lifetime

MOTHER

18. Full maiden name: Ella Penrose Kildea.

19. Residence (usual place of abode) (If non-resident, give place and State) [illegible]ead

20. Color or race White 21. Age at last birthday [illegible] (years)

22. Birthplace (city or place) Fingal Ontario, (State or Country) Canada.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. School Teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work: May 1887, 19____

26. Total time (years) spent in this work 2 Yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) Total (7) At This time 2
(a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Deceased

Give name added from a supplemental report ____ (Date of)

Registrar.

(Signed) A. J. Kildea Uncle, MMM

m Father & Mother Deceased, MMMM

Address 622 Lakeside Ave, Coeur d'Alene,

Filed JUN 17 1929, 193____

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Kootenai } ss.

Mr. A. J. Kildea- Uncle of I. B. Healy being first duly sworn says that

I.B, Healy is the Son (Relationship of child)* of Ella Penrose Kildea & Joseph Patrick Heal

born November 15th 1893 (Date of birth) at Coeur d'Alene, Idaho,

whose certificate of birth is hereto attached, and that Ignatius B. Healy desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ignatius Bernard Healy

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that P. J. Scallon. M. D. was the Midwife medical attendant at the birth of said Ignatius Bernard Healy and that the said medical attendant is Now Deceased (Now deceased (or) cannot be located)

Name of Affiant A J Kildea

P. O. Address 501 Lakeside Ave, Coeur d'Alene, Idaho.

Subscribed and sworn to before me this 23rd day of June, 1939

Leo. M. Kunack
Notary Public.

Residing at Coeur d'Alene, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT COEUR D'ALENE, IDAHO
MY COMMISSION EXPIRES OCTOBER 21, 1942

177-117 04295

RECEIVED JUN 21 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

280794

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of CANYON (PAYETTE)
City of 0000000000
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 4 State File No. .....
Prim. Registration District No. 1008 Local Registrar's No. 71

2. FULL NAME OF CHILD SAMUEL WALTER APPLEGATE

3. Sex: Male

If plural births: 4. Twin, triplet, or other..... 5. Number, in order of birth.....

6. Premature No Full term Yes

7. Legitimate? Yes.

8. Date of birth Nov. 17, 1893 (Month, Day, Year)

FATHER

9. Full name: JOHN HENRY APPLEGATE

10. Residence (usual place of abode) (If non-resident, give place and State): OREGON

11. Color or race: W. | 12. Age at last birthday: 30 (years)

13. Birthplace (city or place) (State or Country): OREGON

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: FARMER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work.....

MOTHER

18. Full maiden name: MARTHA MARY ELIZABETH KING

19. Residence (usual place of abode) (If non-resident, give place and State): OREGON

20. Color or race: W. | 21. Age at last birthday: 29 (years)

22. Birthplace (city or place) (State or Country): WINONA MISSISSIPPI.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: HOUSEWIFE

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work.....

0000000000000

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 5 (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at --- m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Elizabeth Applegate MOTHER, M. D.
or John Henry Applegate FATHER, Midwife
Address NEW PLYMOUTH, IDAHO

Give name added from a supplemental report.....
(Date of)

Filed 6/17/39, 193. J C Woodward
Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of IDAHO. } ss.
County of PAYETTE. }

ELIZABETH APPLEGATE-JOHN HENRY APPLEGATE being first duly sworn says that she-he is the mother-father of SAMUEL WALTER APPLEGATE
(Relationship of child)*

born NOVEMBER 17, 1893 at CANYON-PAYETTE COUNTY, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she-he ---------- desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said SAMUEL WALTER APPLEGATE hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that NO M. D. was the Midwife medical attendant at the birth of said SAMUEL WALTER APPLEGATE and that the said medical attendant is ----------
(Now deceased (or) cannot be located)

Name of Affiant Elizabeth Applegate John Henry Applegate

P. O. Address NEW PLYMOUTH, IDAHO

Subscribed and sworn to before me this 1 day of July, 1939

E. O. Day
Notary Public.

Residing at New Plymouth, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

281999

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Kurt Henry Conley

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term ✓
7. Legitimate? Yes
8. Date of birth: March 9, 1893 (Month, Day, Year)

FATHER

9. Full name: Henry Edwin Conley
10. Residence (usual place of abode) (If non-resident, give place and State): Weiser
11. Color or race: White
12. Age at last birthday: 32 (years)
13. Birthplace (city or place) (State or country): Charlotte, Michigan

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Job work
16. Date (month and year) last engaged in this work: March, 1893
17. Total time (years) spent in this work: 5

MOTHER

18. Full maiden name: Emma Florence Moore
19. Residence (usual place of abode) (If non-resident, give place and State): Weiser
20. Color or race: White
21. Age at last birthday: 22 (years)
22. Birthplace (city or place) (State or country): Robinsville, Maryland

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
25. Date (month and year) last engaged in this work: March, 1893
26. Total time (years) spent in this work: 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 6 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Emma F. Conley, ~~M. D.~~
or Mother, ~~Midwife~~
Address 688 Warren St., Bridgeport, Conn.

Give name added from a supplemental report .....
(Date of)

Filed ..... 193..... Registrar.

..... Registrar.

The following people knew of this birth;

Dr. Joseph R. Numbers, Boise, Idaho

Mr. Amanda J. Olds, Weiser Idaho

Mr. Seldon Olds, Weiser Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Connecticut
County of Fairfield } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Emma F. Conley being first duly sworn says that she is the Mother of Kenneth Henry Conley
(Relationship of child)*

born March 9th 1893 at Weiser, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Kenneth Henry Conley hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Shirley M. D. was the ~~Midwife~~ medical attendant at the birth of said Kenneth Henry Conley and that the said medical attendant is Now Deceased
(Now deceased (or) cannot be located)

Name of Affiant Emma F. Conley

P. O. Address 688 Warren St., Bridgeport, Conn.

Subscribed and sworn to before me this 5th day of August, 1939.

Clarence Dearborn
Notary Public.

Residing at Bridgeport Conn., ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of A819 228 040-943
City of Mullen
No. ____ St. ____
Idaho
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284208

OCT 4 1939

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Ramona E Harrell

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth (Month, Day, Year)
F	4. Twin, triplet, or other ____ 5. Number, in order of birth 2	Full term Yes	Yes	August 28 1893

FATHER	MOTHER
9. Full name: John Breckenridge Harrell	18. Full maiden name: Mary Ella Rucker
10. Residence (usual place of abode) (If non-resident, give place and State): Mullen Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Same
11. Color or race: White 12. Age at last birthday: 33 (years)	20. Color or race: White 21. Age at last birthday: 20 (years)
13. Birthplace (city or place) (State or Country): Plainsburg Calif.	22. Birthplace (city or place) (State or Country): Liberty Hill Texas
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mill Man	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Stamp Mill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: May 15, 1920	17. Total time (years) spent in this work: 30
25. Date (month and year) last engaged in this work: now, 1939	26. Total time (years) spent in this work: 48

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother (At time of this birth and including this child)
Six
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.
or ____, Midwife
Address ____

Filed OCT 4 1939 193__

Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Oregon
County of Jackson } ss.

Mary E. Harrell being first duly sworn says that she is the mother of Ramona E. Harrell
(Relationship of child)*

born August 28, 1893 at Mullen, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ramona E. Harrell hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that had no Doctor and do not recall name of midwife who ~~M. D.~~ ~~Midwife~~ was the medical attendant at the birth of said Ramona E. Harrell and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Mary E. Harrell.

P. O. Address 228 N. Connell ave - Fullerton, Calif

Subscribed and sworn to before me this 26th day of August, 1939

R. H. Bailey
Notary Public.

My com expires 5/18/1940 Residing at Ashland, Oregon ~~, Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**

County of Oneida

City of Mink Creek

No. ____ St. ____

(If born in hospital or institution give name.) ____

RECEIVED OCT 4 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 284209

Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** Joseph W. Jensen

3. Sex | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? ____ | 8. Date of birth Jan. 22 1893 (Month, Day, Year)

FATHER

9. Full name: Jacob Jensen

10. Residence (usual place of abode) Hatch (If non-resident, give place and State) Idaho

11. Color or race: White | 12. Age at last birthday: 43 (years)

13. Birthplace (city or place) (State or Country): Danmark

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: April 26, 1908

17. Total time (years) spent in this work: Not known

MOTHER

18. Full maiden name: Kiresten Rasmussen Jensen

19. Residence (usual place of abode) (If non-resident, give place and State): Hatch, Idaho

20. Color or race: White | 21. Age at last birthday: 42 (years)

22. Birthplace (city or place) (State or Country): Danmark

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____

25. Date (month and year) last engaged in this work: March 24, 1919

26. Total time (years) spent in this work: X

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed OCT 4 1939

Registrar. ____ Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Utah
County of BoxElder } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Emma J. Rasmussen being first duly sworn says that she is the Aunt (Relationship of child)* of Joseph W. Jensen born January 28,1893 (Date of birth) at Mink Creek, Oneida County, Idaho,

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Joseph W. Jensen hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is Cannot be located Emma J Rasmussen (Now deceased (or) cannot be located)

Name of Affiant Emma J. Rasmussen

P. O. Address Brigham City, Utah

Subscribed and sworn to before me this 2nd day of September, 1939

s/ O. C. Bargeron Notary Public.

Residing at Brigham City, Utah

My Com Ex Oct 30 1940

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A 113 211 029 713

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED OCT 31 1939

Registration District No. ____ State File No. 285388

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Latah
City of (near) Kendrick
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Cassie Alice Jackson

3. Sex female

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ✓

7. Legitimate? yes

8. Date of birth Feb 11, 1893 (Month, Day, Year)

FATHER

9. Full name Elmer M. Jackson

10. Residence (usual place of abode) (If non-resident, give place and State) ____

11. Color or race White | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Mabel C. Patterson

19. Residence (usual place of abode) (If non-resident, give place and State) ____

20. Color or race White | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) Maine

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living ____ (b) Born alive but now dead 1 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ____, M. D.

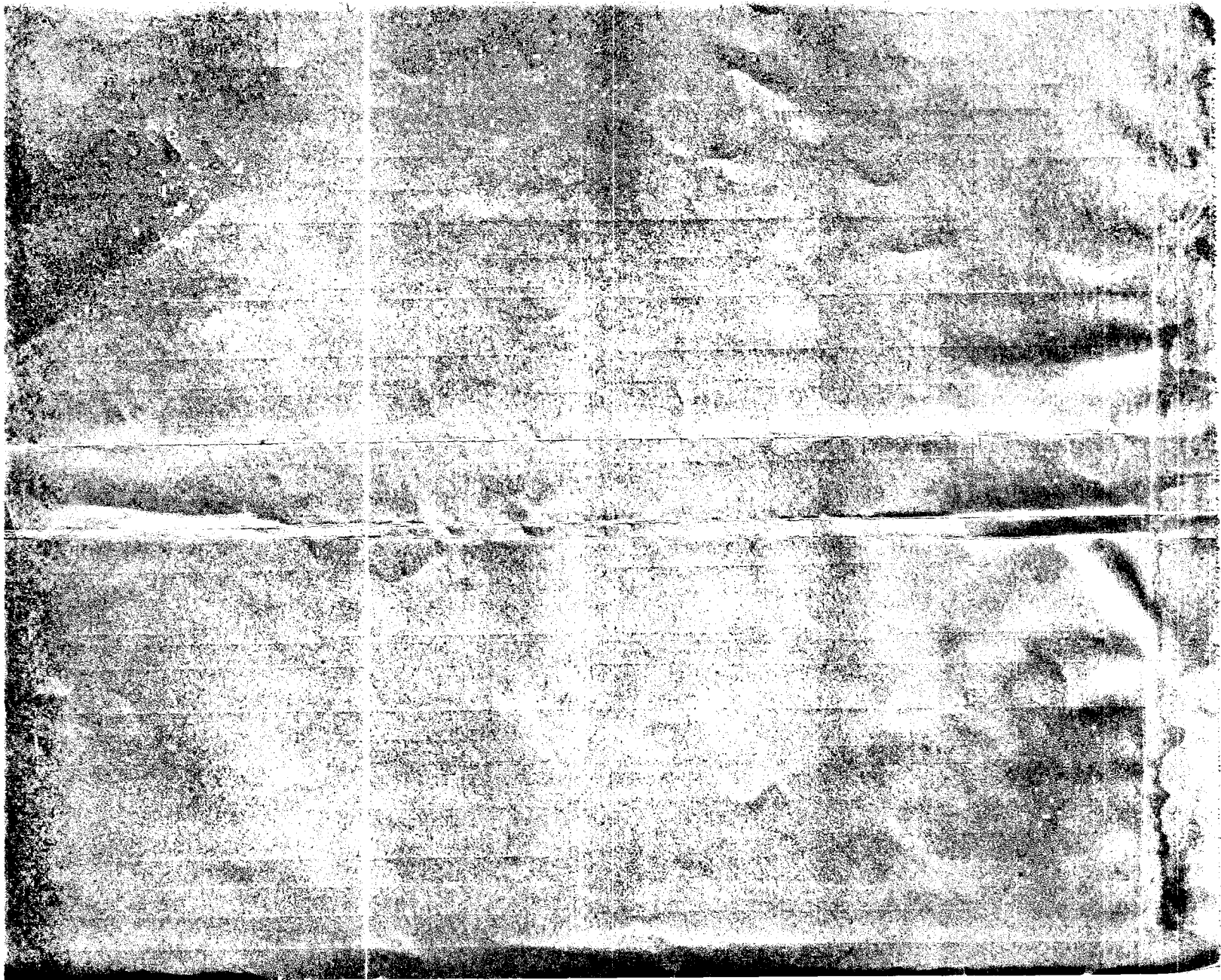
or ____, Midwife

Address ____

Give name added from a supplemental report ____ (Date of) ____

Filed OCT 31 1939, 193____

Registrar. Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Carrie L. Hughes being first duly sworn says that
She is the aunt of Cassie Alice Jackson
(Relationship of child)*
born Feb 11 - 1893 at near Kendrick, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Cassie Alice Jackson hereto attached **are true and correct** as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr White M. D. was the Midwife medical attendant at the birth of said Cassie Alice Jackson and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Carrie L. Hughes

P. O. Address

Subscribed and sworn to before me this 28th day of October, 1939

O M Lamey
Notary Public.

Residing at Meridian, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOV 25 1988

154 229 006 - 249

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 27 1939

CERTIFICATE OF BIRTH 286522

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Blaine
City of Independence
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Maud Doris Anderson

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Dec. 29, 1893 (Month, Day, Year)

FATHER

9. Full name Neil Henry Anderson

10. Residence (usual place of abode) (If non-resident, give place and State) Independence

11. Color or race White | 12. Age at last birthday 49 (years)

13. Birthplace (city or place) (State or Country) Ostersund Sweden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work 23

MOTHER

18. Full maiden name Emma Smith

19. Residence (usual place of abode) (If non-resident, give place and State) Independence

20. Color or race White | 21. Age at last birthday 41 (years)

22. Birthplace (city or place) (State or Country) Spanish Fort Ut. Territory.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 23

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead one (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Emma Jenkins, sister, ~~M. D.~~

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed Nov. 27, 1939 Mae G. Atwood
Registrar.
Bureau of Vital St.

STATE OF IDAHO

RECEIVED
NOV 27 1939

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Madison } ss.

Emma N. Jenkins being first duly sworn says that she is the Sister of Maud D. Koon
(Relationship of child)*

born December 29th 1893 at Independence, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Maud D. Koon (formerly Maud D. Anderson)

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Woodburn M. D. was the Midwife medical attendant at the birth of said Maud D. Anderson and that the said medical attendant is Now Deceased
(Now deceased (or) cannot be located)

Name of Affiant Emma N. Jenkins Sister

P. O. Address Thornton, Idaho

Subscribed and sworn to before me this 22nd day of November, 1939

Reep L. A. Parker
Notary Public.

Residing at Rexburg, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

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286542

PLACE OF BIRTH or Bannock Idaho

City of Pocatello

No. General Delivery St.

(If born in hospital or institution give name.)

RECEIVED DEC 7 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 286542

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Otis Albert Cunningham

3. Sex Male | If plural births: 4. Twin, triplet, or other 1; 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth 4-8-1893 (Month, Day, Year)

FATHER

9. Full name Albert T. Cunningham

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho.

11. Color or race white | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) Mo. U.S.A.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. P. R. R. +

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. saw mill.

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Alta M. Fish.

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho.

20. Color or race white | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or Country) Utah. Utah.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. — —

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work until death

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 & 1, (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or ~~Stillborn~~) at 5 P m. on the date above stated.

(Signed) Prescott Elmer Smith, M. D.
or Arnetta Norton Jensen, Midwife

Address 144 N. 3rd E Brigham Utah

Filed Dec. 7, 1939 Mae L. Attwood State Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, must be stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Utah
County of Box Elder, } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Annette Norton Jensen being first duly sworn says that
is the Aunt- of Otis Lemuny Ivans
(Relationship of child)*
born Apr. 24 1893 at McCammon, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that she, desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Otis Albert Lemuny Ivans.
I was present & assisted Midwife with case hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mary Goodenough. ~~M. D. was the~~ Midwife
medical attendant at the birth of said Otis Albert Cunningham, and that
the said medical attendant is
(Now deceased ~~(or) cannot be located)~~

Name of Affiant Annette Norton Jensen
P. O. Address 144 W 3rd E Brigham Utah,
Subscribed and sworn to before me this 30th day of November, 1939
Notary Public.
Residing at Brigham Utah, ~~Idaho.~~
My Com. Exp. Oct. 30 1942

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 8 1943

915-223-029-253

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah

City of Harvard, Idaho

No. ..... St. .....

(If born in hospital or institution give name.) .....

RECEIVED
DEC 14 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

287613

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD RUBY ISABELLE CANFIELD

3. Sex: female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth October 23 1893 (Month, Day, Year)

FATHER

9. Full name: Homer Wells Canfield

10. Residence (usual place of abode) (If non-resident, give place and State): Harvard, Ida.

11. Color or race: White | 12. Age at last birthday: 35 (years)

13. Birthplace (city or place) (State or Country): Southfield, Mass.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm

16. Date (month and year) last engaged in this work: October 23, 1893

17. Total time (years) spent in this work: Ten

MOTHER

18. Full maiden name: Rhoda Ledeau Peterson

19. Residence (usual place of abode) (If non-resident, give place and State): Harvard, Idaho

20. Color or race: White | 21. Age at last birthday: 29 (years)

22. Birthplace (city or place) (State or Country): Newport, New Jersey

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work: October 23, 1893

26. Total time (years) spent in this work: Eight

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 10 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Rhoda Peterson Canfield, ~~M.D.~~

~~XX~~ Mother, ~~Midwife~~

Address Harvard, Idaho

Filed Dec. 14, 1939 Mae G. Attwood
Registrar.
Bureau of Vital Statistics

RECEIVED
DEC 14 1939

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Rhoda Canfield being first duly sworn says that she is the Mother of Ruby Isabelle Canfield
(Relationship of child)*

born October 23, 1893 at Harvard, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Affiant desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Ruby Isabelle Canfield hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Flora Williamson M.D. was the Midwife medical attendant at the birth of said Ruby Isabelle Canfield and that the said medical attendant is Now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Rhoda Canfield

P. O. Address Harvard, Idaho

Subscribed and sworn to before me this 1st day of December, 19 39

Jack McQuade
Notary Public.

Residing at Moscow, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 9 1942

493-120001 867

288896

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 288896

RECEIVED
FEB 15 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of .....
City of Boise
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD CARL BURTON MILTON

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth December 20 1893 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	LOUIS B. MILTON Born 1866	18. Full maiden name: MATTIE HOPPER Born 1869 (Mattie Milton)
10. Residence (usual place of abode) (If non-resident, give place and State)	Boise, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Boise Idaho
11. Color or race	White	20. Color or race White
12. Age at last birthday	27 (years)	21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or country)	Baden, Germany	22. Birthplace (city or place) (State or country) Greenfield, Mo.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Meat Cutter	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work	....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work		26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Two (a) Born alive and now living Yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mattie Milton Mother, M.D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) Filed ....., 193.....

7th day of May 1891 Registrar.

Married by W. H. Royals P. J. Ada Co. Idaho — Mattie Milton T. B. M. — Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

Subscribed and sworn to before me this 9th day of February, A.D. 1940 by Mattie Milton, Mother of the child whose birth date is given on opposite side.

Nina C. Pulman

NOTARY PUBLIC
[illegible] San Francisco
[illegible]
April 1, 1943

719-110-00256

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth.

1. PLACE OF BIRTH

County of Ada

City of Emmett

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 15 1940

CERTIFICATE OF BIRTH

291133

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Paul Douglas Parrish

3. Sex: Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth 2

6. Premature ..... Full term ✓

7. Legitimate? ✓

8. Date of birth Feb 10, 1893 (Month, Day, Year)

FATHER

9. Full name William Whitney Parrish

10. Residence (usual place of abode) (If non-resident, give place and State) Emmett Idaho

11. Color or race White | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Canton New York

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lawmill

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 5 years

MOTHER

18. Full maiden name Ella Frances Knox

19. Residence (usual place of abode) (If non-resident, give place and State) Emmett Idaho

20. Color or race White | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Dry Creek Ada Co Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. home maker

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Fathers home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work about 5 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric acid

28. Number of children of this mother (At time of this birth and including this child) 2

(a) Born alive and now living ✓ (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Ella F. Parrish (mother) ~~M. D.~~

or Mrs. J. V. R. Hill deceased, Midwife

Address .....

Filed April, 1940

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
APR 15 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho } ss.
County of Ada }

Ella F. Parrish being first duly sworn says that she is the mother (Relationship of child)* of Paul D. Parrish born Feb 10 - 1893 (Date of birth) at Emmett, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Paul Douglas Parrish hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. J. V. R. Pitt, Midwife, was the medical attendant at the birth of said Paul Douglas Parrish and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Ella F. Parrish

P. O. Address Emmett Idaho

Subscribed and sworn to before me this 15th day of April, 1940

Notary Public.

Residing at Emmett, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

OCT 29 1957

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonner
City of Elmira
No. 464206 009-317 St.
(If born in hospital or institution give name.)

RECEIVED
APR 15 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Lee 292211

Registration District No. ..... State File No. 292211
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Olive May Finney (nee Olive May Dodge)

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ..... 5. Number, in order of birth	.....	.....	1893 May 6 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	John Richard Dodge	
18. Full maiden name		Elvirah J. Capps
10. Residence (usual place of abode) (If non-resident, give place and State)	.....	19. Elmira, Idaho
11. Color or race	White	20. White
12. Age at last birthday	..... (years)	21. 42 (years)
13. Birthplace (city or place) (State or Country)	Springville New York	22. Lake County, California
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Carpenter and Bridge Contractor	23. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	.....	24. own home
16. Date (month and year) last engaged in this work	....., 19....	25. ....., 19....
17. Total time (years) spent in this work	.....	26. .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother three (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Elvirah J Lee, M.D.
or Mother, Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed April, 1940

..... Registrar.

..... Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
APR 15 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of IDAHO
County of Bonner } ss.

Elvirah J. Lee being first duly sworn says that she is the Mother (Relationship of child)* of Olive May Finney born May 6th, 1893 (Date of birth) at Elmira, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Olive May Finney hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that None M. D. was the Midwife **medical attendant at the birth of said** Olive May Finney **and that** the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Elvirah J. Lee

P. O. Address Elmira, Idaho

Subscribed and sworn to before me this 10th day of April, 1940

Arthur Bowden
Notary Public.

Residing at Sandpoint, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 15

AFFIDAVIT

STATE OF IDAHO,)
:ss
County of Bonner.)

Comes now ELVIRAH J. LEE, who after being first duly sworn on oath, deposes and says:

That she is a citizen of the United States, of legal age and a resident of the State of Idaho therein.

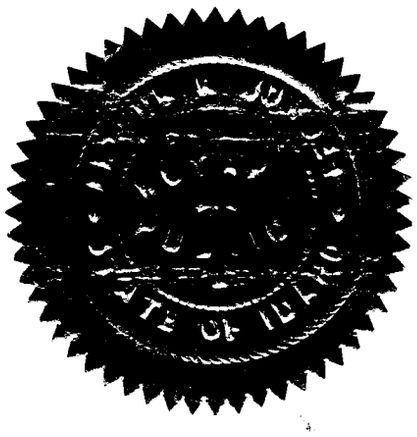
That she is the mother of Olive May Finney, and that she was born at Elmira, Bonner County, Idaho, on May the 6th, 1893.

This affidavit is given for the purpose of substantiating the birth record of the said Olive May Finney.

Further deponent sayeth not.

Elvirah J. Lee

Subscribed and sworn to before me this 10th day of April, 1940.



Arthur K. Bowden
Notary Public for Idaho,
Residing at Sandpoint, Idaho,
My commissioner expires 10-6-40.

238 101 029 606

293415

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. ..... St. JUN 6 1910
(If born in hospital or institution give name.)

Registration District No. 220-221 State File No. 293415
Prim. Registration District No. 96 Local Registrar's No. .....

2. FULL NAME OF CHILD Howard Lorenzo Schultz

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Nov 1, 1823 (Month, Day, Year)

FATHER

9. Full name Lewis Low Schultz

10. Residence (usual place of abode) Moscow Idaho
(If non-resident, give place and State)

11. Color or race W | 12. Age at last birthday 39 (years)

13. Birthplace (city or place) .....
(State or Country) New Jersey

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. working for City

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Evaline Cordelia Wood

19. Residence (usual place of abode) Moscow Idaho
(If non-resident, give place and State)

20. Color or race W | 21. Age at last birthday 35 (years)

22. Birthplace (city or place) Elk Point
(State or Country) South Dakota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

× (Signed) Mrs Evaline Schultz, M. D.
or Mother, Midwife

Address .....

Filed June 4, 1910 Mae B. M. Emma, M.D. Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

293415

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JUN [illegible]

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Evaline Schuetz being first duly sworn says that she is the Mother (Relationship of child)* of Howard Lorenzo Schuetz born November 1 1893 (Date of birth) at Moscow, Idaho, whose certificate of birth is hereto attached, and that Mrs Schuetz desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Howard Lorenzo Schuetz hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that C. E. Worthington, M. D., was the Midwife medical attendant at the birth of said Howard Lorenzo Schuetz, and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs Evaline Schuetz

P. O. Address 0117 2nd St - Lewiston, Idaho

Subscribed and sworn to before me this 4 day of June, 1940

L. Philip Weingarten
Notary Public.

Residing at [illegible], Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

386-220 036 893

493482

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 14 1940

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 293482

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Oneida
City of Malad
No. 1st West St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Bertha Thomas

3. Sex: Female

If plural births: 4. Twin, triplet, or other: No. 5. Number, in order of birth: No.

6. Premature: No. Full term: yes

7. Legitimate? yes

8. Date of birth: Sept 20th 1893 (Month, Day, Year)

FATHER

9. Full name: William H. Thomas

10. Residence (usual place of abode) (If non-resident, give place and State): Malad, Idaho

11. Color or race: White | 12. Age at last birthday: 74 (years)

13. Birthplace (city or place) (State or Country): Malad, Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm

16. Date (month and year) last engaged in this work: Present, 19____

17. Total time (years) spent in this work: Life

MOTHER

18. Full maiden name: Sarah Jane Williams

19. Residence (usual place of abode) (If non-resident, give place and State): Malad, Idaho

20. Color or race: White | 21. Age at last birthday: 68 (years)

22. Birthplace (city or place) (State or Country): Samaria, Oneida Co. Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home

25. Date (month and year) last engaged in this work: Present, 19____

26. Total time (years) spent in this work: Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child): First Seven
(a) Born alive and now living: yes (6) (b) Born alive but now dead: 1 (c) Stillborn: none

29. If stillborn, period of gestation: none months or weeks

30. Cause of stillbirth: none Before labor: none During labor: _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)

(Signed) Sarah Jane Williams Thomas, ~~M. D.~~
or mother, ~~Midwife~~

Address Malad, Idaho

Filed June, 1940

Registrar.

Registrar.

STATE OF IDAHO

29348

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Oneida } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Sarah Jane Williams Thomas being first duly sworn says that she is the mother (Relationship of child)* of Bertha Thomas born Sept. 20th 1893 (Date of birth) at Malad, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Bertha Thomas hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mary Ann Hobbs, ~~M. D.~~ Midwife was the ~~medical attendant~~ at the birth of said Bertha Thomas and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Sarah Jane Williams Thomas

P. O. Address Malad, Idaho

Subscribed and sworn to before me this 10th day of June, 19 40

M. E. Thomas
Notary Public.

Residing at Malad, Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A168-214029-414

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah, Idaho

~~City of~~ near Farmington Washington

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO 294568
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 294568

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD May Margaret Johnson

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term X	7. Legitimate? X	8. Date of birth Feb 14, 1893 ~~1893~~ (Month, Day, Year)
female				

FATHER

9. Full name Raemus Christians Johnson

10. Residence (usual place of abode) (If non-resident, give place and State) Farmington Wn

11. Color or race White | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Denmark

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & blacksmith

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm blacksmith shop

16. Date (month and year) last engaged in this work Mar, 1918

17. Total time (years) spent in this work 28

MOTHER

18. Full maiden name Maren Madsen

19. Residence (usual place of abode) (If non-resident, give place and State) Farmington Wn

20. Color or race white | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or Country) Denmark

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Jan, 1898

26. Total time (years) spent in this work 21 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? not known

28. Number of children of this mother (At time of this birth and including this child) six
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed June, 1940

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington
County of Asotin } ss.

Anna Marie Johnson Grim being first duly sworn says that she is the sister of May Margaret Johnson
(Relationship of child)*

born Feb 14th 1893 near ~~at~~ Farmington Wn in Latah Co., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that May Margaret Johnson desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said May Margaret Johnson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. John Cummings ~~M. D.~~ Midwife was the medical attendant at the birth of said May Margaret Johnson and that the said medical attendant ~~is~~ cannot be located —
(Now deceased (or) cannot be located)

Name of Affiant Anna Marie Johnson Grim
P. O. Address Rt 1, Box 143 Clarkston Wash.

Subscribed and sworn to before me this 17 day of June, 1940

Bertie V Halsey
Notary Public.

Residing at Clarkston Wash., ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294593

1. PLACE OF BIRTH
County of Oneida
City of Malad, Idaho.
No. ____ St.
A26-111-036-632
(If born in hospital or institution give name.)

Registration District No. 13 JUN 24 1940 State File No. 294593
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Roy Duvall Bolmer

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term yes	yes	Oct. 11th, 1893 (Month, Day, Year)

FATHER		MOTHER	
9. Full name	LORENZO OLAF BOLMER	18. Full maiden name	ANNA OLSON
10. Residence (usual place of abode) (If non-resident, give place and State)	Deceased	19. Residence (usual place of abode) (If non-resident, give place and State)	Malad Idaho.
11. Color or race	White	20. Color or race	White
12. Age at last birthday	73 (years)	21. Age at last birthday	[illegible] (years)
13. Birthplace (city or place) (State or Country)	Stockholm, Sweden	22. Birthplace (city or place) (State or Country)	Oslo Norway
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	—
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Sheet Metal and Hardware	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	—
16. Date (month and year) last engaged in this work	Sept., 1910	25. Date (month and year) last engaged in this work	—, 19—
17. Total time (years) spent in this work	25	26. Total time (years) spent in this work	—

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____
(Date of)

Filed June, 1940

Registrar. Registrar.

STATE OF IDAHO

294593

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 24 1940

State of Idaho }
County of Oneida } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Anna Belmer Kennedy being first duly sworn says that she is the Mother (Relationship of child)* of Roy Linwall Belmer born October 11th 1893 (Date of birth) at Malad City, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Roy Linwall Belmer hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Drake, M. D., was the ~~Midwife~~ medical attendant at the birth of said Roy Linwall Belmer and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Anna Belmer Kennedy

P. O. Address 1218 Smith Place Long Beach, Calif.

Subscribed and sworn to before me this 21st day of June, 19 40.

Hazel Leck.
Notary Public.

Residing at Long Beach, California ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

294839

1. PLACE OF BIRTH
County of Shoshone
City of Wallace
No. 104 High St. St.
STH 122 040 195
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 15 1940

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 294839
Prim. Registration District No. 140 Local Registrar's No. 2

2. FULL NAME OF CHILD Charles Oscar Haupt.

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term ✓	7. Legitimate? yes	8. Date of birth Jan 22 1893 (Month, Day, Year)
M.				

FATHER	MOTHER
9. Full name Adolph Haupt.	18. Full maiden name Mary C. Frederickson
10. Residence (usual place of abode) (If non-resident, give place and State) Wallace	19. Residence (usual place of abode) (If non-resident, give place and State) Wallace
11. Color or race W | 12. Age at last birthday 36 (years)	20. Color or race W | 21. Age at last birthday 18 (years)
13. Birthplace (city or place) (State or Country) Germany	22. Birthplace (city or place) (State or Country) Wayoca Wisc.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. H W.
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 4 A m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Dr Jennings, M. D.
or ....., Midwife
Address Wallace Idaho
Filed July 17, 1940 John A Bwn Registrar.

STATE OF IDAHO

29483

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~Idaho~~ Shoshone } ss.
County of Shoshone }

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Adolph Haupt. being first duly sworn says that he is the Father (Relationship of child)* of Charles Oscar Haupt. born June 22 1893 (Date of birth) at Wallace Idaho., Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Charles Oscar Haupt. has not hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Jennoway. M. D., was the Midwife medical attendant at the birth of said Charles Oscar Haupt. and that the said medical attendant is deceased. (Now deceased or) cannot be located)

Name of Affiant Adolph Haupt

P. O. Address

Subscribed and sworn to before me this 12 day of July 1940

Elizabeth E. Ward
Notary Public.

Residing at Wallace, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A259-125029-193

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. 511 Sweet ave St.
Home
(If born in hospital or institution give name.)

RECEIVED
JUL 22 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296064

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Orwin Archer Benedict-

3. Sex M | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Feb 23 1893 (Month, Day, Year)

FATHER

9. Full name Orloff A. Benedict-
10. Residence (usual place of abode) (If non-resident, give place and State) Moscow
11. Color or race White 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Waupaca Wisconsin

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet-Maker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Saw mill
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mertie Lena Archer
19. Residence (usual place of abode) (If non-resident, give place and State) Moscow
20. Color or race White 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) East Wallingford Vermont-

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. none
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living One (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed July, 1940
Registrar.

STATE OF IDAHO

296064

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 22 1940

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mertie Archer Benedict being first duly sworn says that Orwin is the Son (Relationship of child)* of Mertie Archer Benedict born Feb 25 1893 (Date of birth) at Moscow, Idaho, whose certificate of birth is hereto attached, and that Mertie A Benedict desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Orwin Archer Benedict hereto attached are true and correct as stated therein, ~~and that said birth has not been previously recorded.~~

Affiant further states that Dr Worthington, M. D., was the Midwife medical attendant at the birth of said Orwin Archer Benedict and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mertie Archer Benedict

P. O. Address 511 Sweet ave Moscow

Subscribed and sworn to before me this 20 day of July, 1940

Martin L Hawley
Notary Public.

Residing at Moscow, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

433-10 2244-281

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296162

296162

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Austin Edwin Utley

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, ~~triplet, or other~~ ..... 5. Number, in order of birth 2	Full term X	X	January 5, 1933 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Erastus Utley	18. Full maiden name Ellen Robinson Shannon
10. Residence (usual place of abode) (If non-resident, give place and State) Weiser Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Weiser Idaho
11. Color or race White | 12. Age at last birthday 33 (years)	20. Color or race White | 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Mt. Vernon, Ill. Jefferson County	22. Birthplace (city or place) (State or Country) Beaver Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming & 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Stock raising	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19 ..... 17. Total time (years) spent in this work 13 years	25. Date (month and year) last engaged in this work ....., 19 ..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? No prophylactic used

28. Number of children of this mother (At time of this birth and including this child)
Four (a) Born alive and now living 4 (b) Born alive but now dead ~~1~~ (c) Stillborn 1

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 10:30 p m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) John Erastus Utley M.D.
or Martha A. Utley, Midwife
Address Weiser, Idaho

(Date of) .....

Filed July 29, 1933 Mae D. Atwood
Registrar.

Registrar.

Bureau of Vital Statistics

NOV 8 1945

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Washington } ss.

John Erastus Utley being first duly sworn says that he is the father (Relationship of child)* of Austris Edwin Utley born Jan 5 - 1893 (Date of birth) at Weiser, Idaho, whose certificate of birth is hereto attached, and that John Erastus Utley desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Austris Edwin Utley hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Martha A. Utley (Midwife), ~~M. D., was the~~ Midwife medical attendant at the birth of said Austris Edwin Utley and that the said medical attendant is (Now deceased (~~or cannot be located~~)

Name of Affiant John Erastus Utley

P. O. Address Emmett Ida, RFD

Subscribed and sworn to before me this 27 day of July, 19 40

S. L. Gill
Notary Public.

Residing at Boise, Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A 865 · ID-003-259

296201

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296201

RECEIVED JUL 31 1940

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ____ St. Corner Halliday & Main

(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Christopher Matthias Hoehnen

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? ____

8. Date of birth Mar. 10, 1893 (Month, Day, Year)

FATHER

9. Full name: John Matthias Hoehnen

10. Residence (usual place of abode) (If non-resident, give place and State): Pocatello

11. Color or race: white | 12. Age at last birthday ____ (years)

13. Birthplace (city or place) (State or Country): Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: ____, 1906

17. Total time (years) spent in this work: 25 yrs

MOTHER

18. Full maiden name: Lena Johanna Seibert

Lena Johanna Hoehnen

19. Residence (usual place of abode) (If non-resident, give place and State): Pocatello

20. Color or race: white | 21. Age at last birthday ____ (years)

22. Birthplace (city or place) (State or Country): Germany

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____

25. Date (month and year) last engaged in this work: Died Dec 15, 1915

26. Total time (years) spent in this work: married life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 3 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed JUL 31 1940

Mae G. Atwood
Registrar.

____
Registrar.

RECEIVED
Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Bannock } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Paul H. Gartner being first duly sworn says that he is the close friend (Relationship of child)* of Christopher Matthias Hoehnen born March 10, 1893 (Date of birth) at Pocatello, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Christopher Matthias Hoehnen hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. H. Bean, M. D., was the ~~Midwife~~ medical attendant at the birth of said Christopher Matthias Hoehnen and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Paul H. Gartner

P. O. Address 1625 N. Arthur

Subscribed and sworn to before me this 30 day of July, 1940

Robert M. Terrell
Notary Public.

Residing at Pocatello, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A 532-127.006-493

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296242

296242

AUG - 1 1940

1. PLACE OF BIRTH
County of BINGHAM (NOW BONNEVILLE)
City of EAGLE ROCK (NOW IDAHO FALLS)
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD JOHN LEWIS ELSE

3. Sex MALE | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth NOV. 27, 1893 (Month, Day, Year)

FATHER

9. Full name CHARLES ELSE
10. Residence (usual place of abode) (If non-resident, give place and State) EAGLE ROCK IDAHO.
11. Color or race WHITE | 12. Age at last birthday 33 (years)
13. Birthplace (city or place) ALLENTOWN (State or Country) PENNSYLVANIA U.S.A.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. FARMING.
16. Date (month and year) last engaged in this work OCTOBER, 1893
17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name LEONA ELIZABETH MITCHELL
19. Residence (usual place of abode) (If non-resident, give place and State) EAGLE ROCK, IDAHO
20. Color or race WHITE. | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) CARLINVILLE, ILLINOIS (State or Country) ILLINOIS U.S.A.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOUSEWIFE.
25. Date (month and year) last engaged in this work NOV, 1893
26. Total time (years) spent in this work 4 YEARS.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? NONE
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

(Signed) SEE AFFIDAVIT ATTACHED, ~~M. D.~~
or ....., ~~Midwife~~
Address .....

Filed AUG - 1 1940 Bureau of Vital Statistics Registrar

Mae G. Atwood

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of CALIFORNIA. }
County of LOS ANGELES. } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

LEONA ELIZABETH ELSE FORTINER being first duly sworn says that SHE is the MOTHER (Relationship of child)* of JOHN LEWIS ELSE born NOV. 27, 1893 (Date of birth) at EAGLE ROCK (NOW IDAHO FALLS), Idaho, whose certificate of birth is hereto attached, and that LEONA ELIZABETH ELSE FORTINER desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said JOHN LEWIS ELSE hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that MRS. AGNES STEPHENS, [redacted], was the Midwife medical attendant at the birth of said JOHN LEWIS ELSE and that the said medical attendant is DECEASED (Now deceased (or) cannot be located)

Name of Affiant Leona Elizabeth Else Fortiner

P. O. Address 8477 SAN MIGUEL AVE, SOUTH GATE, CALIF.

Subscribed and sworn to before me this 30th day of July, 19 40

George L. Perslake
Notary Public.

Residing at 2926 Santa Ana St. South Gate, Calif. ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

864-228-011-168

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296249

296249

AUG -1 1940

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Boundary
City of Bonners Ferry
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD: Clara Evelen Youngquist

3. Sex: Female

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term _____

7. Legitimate? Yes

8. Date of birth Jan. 28, 1893 (Month, Day, Year)

FATHER

9. Full name: Oscar Youngquist

10. Residence (usual place of abode) (If non-resident, give place and State): Bonners Ferry Idaho

11. Color or race: White 12. Age at last birthday: 31 (years)

13. Birthplace (city or place) (State or Country): Gravarna, Bohuslan, Sweden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: _____

16. Date (month and year) last engaged in this work: Jan. 28, 1893

17. Total time (years) spent in this work: 11 yr.

MOTHER

18. Full maiden name: Neta Josephine Johnson

19. Residence (usual place of abode) (If non-resident, give place and State): Bonners Ferry Idaho

20. Color or race: White 21. Age at last birthday: 25 (years)

22. Birthplace (city or place) (State or Country): Wejbyslatt, Skane, Sweden

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ---

25. Date (month and year) last engaged in this work: Dec. 1, 1892

26. Total time (years) spent in this work: 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: One (b) Born alive but now dead: None (c) Stillborn: None

29. If stillborn, period of gestation: ---- months or weeks

30. Cause of Stillbirth: --- Before labor: --- During labor: ---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 10:00 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

Registrar.

(Signed) _____, M. D.

or Mrs Neta Youngquist, Mother

Address Bonners Ferry, Idaho.

Filed AUG -1 1940, 193 Mae G. Attwood, Registrar

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington)
County of Whatcom) ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Neta Youngquist----- being first duly sworn says that she is the Mother (Relationship of child)* of Clara Evelen Youngquist born January 28, 1893 (Date of birth) at Bonners Ferry, Idaho,

~~whose certificate~~ of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Clara E. Youngquist hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that **Dr. Brown**, M. D. was the medical attendant at the birth of said Clara E. Youngquist and that the said medical ~~attendant~~ is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs Neta Youngquist

P. O. Address 2210 Cornwall Ave., Bellingham, Wash.

Subscribed and sworn to before me this **29th** day of **July**, 19**40**

Jean Lusk
Notary Public.

Residing at Bellingham, Wash.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A 236-102-036-614

RECEIVED
AUG -2 1940

296257

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of ONEIDA

City of FRANKLIN

No. ____ St. ____

(If born in hospital or institution give name.) ____

2. FULL NAME OF CHILD RUSSELL FAUX SCOTT

3. Sex MALE

If plural births 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth May 2nd, 1893 (Month, Day, Year)

FATHER

9. Full name ARCHIBALD E. SCOTT

10. Residence (usual place of abode) (If non-resident, give place and State) FRANKLIN IDAHO

11. Color or race W | **12. Age at last birthday** 25 (years)

13. Birthplace (city or place) (State or Country) BLYTH ONTARIO CANADA

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MILLER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. FLOUR MILL

16. Date (month and year) last engaged in this work MAY 2nd, 1893

17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name JANE FAUX

19. Residence (usual place of abode) (If non-resident, give place and State) FRANKLIN IDAHO

20. Color or race W | **21. Age at last birthday** 25 (years)

22. Birthplace (city or place) (State or Country) MORONI UTAH

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPER

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME

25. Date (month and year) last engaged in this work MAY 2nd, 1893

26. Total time (years) spent in this work 1 YEAR

27. What prophylactic was used to prevent Ophthalmia Neonatorum? NONE

28. Number of children of this mother FIRST (At time of this birth and including this child) 1

(a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed AUG -2 1940, 193 Mae G. Atwood Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO }
County of ONEIDA } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

ARCHIBALD E. SCOTT being first duly sworn says that

HE is the FATHER (Relationship of child)* of RUSSELL FAUX SCOTT

born May 2nd, 1890 (Date of birth) at FRANKLIN, Idaho,

whose certificate of birth is hereto attached, and that HE desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said RUSSELL FAUX SCOTT

hereto attached are true and correct ~~as stated therein, and that this birth has not been previously recorded.~~

Affiant further states that ELLEN MORGAN, ~~M. D.~~, was the Midwife medical attendant at the birth of said RUSSELL FAUX SCOTT and that the said medical attendant is DECEASED (Now deceased (or) cannot be located)

Name of Affiant Archibald E Scott

P. O. Address MALAD, IDAHO R.F.D. 1

Subscribed and sworn to before me this 31st day of July, 1940

John N. McAllaster by D. O. Jones
~~Notary Public~~ Deputy

Clerk of the District Court
Residing at Malad, Idaho.

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

851116001857

296446

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 12 1940

296446

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of ____

City of Boise Idaho

No. 1624 Jefferson St.

(If born in hospital or institution give name.) ____

2. FULL NAME OF CHILD Thomas Bourke Healy

3. Sex: Male

If plural births: 4. Twin, triplet, or other —; 5. Number, in order of birth —

6. Premature — Full term Yes

7. Legitimate? Yes

8. Date of birth April 16, 1893 (Month, Day, Year)

FATHER

9. Full name James Mathew Healy

10. Residence (usual place of abode) (If non-resident, give place and State) Deceased

11. Color or race White | 12. Age at last birthday 82 (years)

13. Birthplace (city or place) (State or Country) Saranac New York

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining

16. Date (month and year) last engaged in this work ____, 1920

17. Total time (years) spent in this work 45

MOTHER

18. Full maiden name Katherine Brannan Healy

19. Residence (usual place of abode) (If non-resident, give place and State) Deceased

20. Color or race White | 21. Age at last birthday 47 (years)

22. Birthplace (city or place) (State or Country) St. Josephs Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work ____, 19—

26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed AUG 12 1940, 193

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of CALIFORNIA } ss.
County of LOS ANGELES }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of ~~physician~~ or midwife.)

Dr. & D. M.P MOLLY HEALY ...being first duly sworn says that

she ...is the sister ... of Thomas Bourke Healy
(Relationship of child)*

born April 16, 1893 ...at Boise, ..., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she ...desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Thomas Bourke Healy

... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ~~ATTENDED~~ DR. PERRAULT Dr. & D. M.P ..., M. D., was the Midwife medical attendant at the birth of said THOMAS BOURKE HEALY ... and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant - Molly Healy

P. O. Address - 115 Harvey Dr. Glendale Cal

Subscribed and sworn to before me this 7th ...day of August, ..., 1940

Arlene Durley
Notary Public.

My Commission expires April 5, 1944 Residing at Glendale, California, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE-DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF CALIFORNIA) ss
COUNTY OF LOS ANGELES)

MOLLY HEALY, being first duly sworn says that she is the sister of THOMAS BOURKE HEALY (parents are deceased) born April 16, 1893, at BOISE, IDAHO, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139-1937 Section Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said THOMAS BOURKE HEALY hereto attached are true and correct as stated therein, and that this BIRTH HAS NOT BEEN PREVIOUSLY RECORDED

Affiant further states that Dr. Perrault, M.D. was the medical attendant at the birth of said THOMAS BOURKE HEALY, and that the said medical attendant is now deceased.

Name of Affiant Molly Healy

P.O. Address 115 Harvey Dr. Glendale Cal.

Subscribed and sworn to before me this 7th day of August, 1940

Aileen Durley
Notary Public
Residing at Glendale, California
My Commission expires April 5,1944

4253 208 029 213

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah Co.
City of Moscow
No. ____ St. ____
(If born in hospital or institution give name.)

RECEIVED
JUL 28 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296747

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Nellie Gertrude Setlow

3. Sex Female
If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ✓
7. Legitimate? Yes
8. Date of birth Jan 8, 1893 (Month, Day, Year)

FATHER	MOTHER
9. Full name Andrew Setlow	18. Full maiden name Bertha Bolander
10. Residence (usual place of abode) Moscow (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) Moscow (If non-resident, give place and State) Idaho
11. Color or race W | 12. Age at last birthday 37 (years)	20. Color or race W | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Sweden	22. Birthplace (city or place) (State or Country) Sweden
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19__ | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ____, 19__ | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks
30. Cause of stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Bertha Setlow (Mother), M. D. ~~Midwife~~
or ____
Address ____

Give name added from a supplemental report ____
(Date of)

Filed Jul. 28, 1940, 19__

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

296747

RECEIVED
JUL 28 1940

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Bertha Setlow being first duly sworn says that she is the mother (Relationship of child)* of Nellie Gertrude Setlow born January 8, 1893 (Date of birth) at Moscow, Idaho, whose certificate of birth is hereto attached, and that Mrs. Setlow desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Nellie Gertrude Setlow hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Christine Balander, ~~M. D.~~ Midwife was the medical attendant at the birth of said Nellie Gertrude Setlow and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Bertha Setlow

P. O. Address 316 1/2 Main. Lewiston

Subscribed and sworn to before me this 26 day of July, 1940.

Phil Reingruber.
Notary Public.
CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

Residing at ____, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

MAR 16

A235 121 128 962

297912

297912

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 22 1940

Registration District No. 121 State File No.

Prim. Registration District No. Local Registrar's No. 234

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. Rural St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Earl Homer Stewart

3. Sex M

If plural births: 4. Twin, triplet, or other —; 5. Number, in order of birth —

6. Premature Full term X

7. Legitimate? Yes

8. Date of birth May 21, 1893 (Month, Day, Year)

FATHER

9. Full name Steven Lincoln Stewart

10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene

11. Color or race W | 12. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or Country) Lynn Co Oregon

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work

MOTHER

18. Full maiden name OSIA Ross

19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene

20. Color or race W | 21. Age at last birthday 17 (years)

22. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

(Signed) ....., M. D.
or S. L. Stewart Father, ~~Midwife~~
Address Licensed Idaho

Filed 8-17-1940, 193... H. L. Stevenson M.D.
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

S. L. Stewart being first duly sworn says that he is the father (Relationship of child)* of Earl Homer Stewart born May 21, 1893 (Date of birth) at Coeur d'Alene, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Earl Homer Stewart hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. W. C. Stewart, ~~M. D.~~ Midwife was the medical attendant at the birth of said Earl Homer Stewart and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant S. L. Stewart

P. O. Address Jerome, Idaho.

Subscribed and sworn to before me this 17th day of August, 19 40

Jas. A. Slater
~~Notary Public.~~

~~Residing at~~ By Elsa M. Teik, Idaho.
Deputy

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. If twins, triplets, etc., are born to one mother, one child at birth a Separate Return must be made for each, and the number of each, in order of birth Sweden.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 545 No. Garfield St.
A619216.003.335
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Z98070

298070

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ada May Warner

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term Yes	Yes	3 16, 1893 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Lorenzo C. Warner	18. Full maiden name: Ada Alvira Clement
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race W | 12. Age at last birthday 57 (years)	20. Color or race W | 21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Coldwater, Mich	22. Birthplace (city or place) (State or Country) Livingstone County Illinois.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter & Paperhanger	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.. | 17. Total time (years) spent in this work 35	25. Date (month and year) last engaged in this work ....., 19.. | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
Two
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed Sept, 1940

.....
Registrar.

.....
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of .....
County of ..... } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ada A. Warner being first duly sworn says that

she is the Mother (Relationship of child)* of Ada May Warner

born 3/16/1893 (Date of birth) at Pocatello, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ada May Warner

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Moore, M. D. was the ~~Midwife~~ medical attendant at the birth of said Ada May Warner and that the said medical attendant is Now Deceased (Now deceased (or) cannot be located)

Name of Affiant Ada A Warner

P. O. Address 442 North Commercial Bellingham, Wash.

Subscribed and sworn to before me this 5th day of September, 19 40

Beth Pendlebury
Notary Public.

Residing at Boise, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A 369 228 040-212

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29 8165
298168

SEP 10 1940

Registration District No. 142 State File No.

Prim. Registration District No. Local Registrar's No. 81

1. PLACE OF BIRTH
County of Shoshone
City of Mica
No. Townsite of Kellogg - Ida St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Claire Emma Corby -

3. Sex F. | If plural births { 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term ✓ | 7. Legitimate? yes | 8. Date of birth June 28, ~~188~~ 1893 (Month, Day, Year)

FATHER

9. Full name John Joshua Corby
10. Residence (usual place of abode) (If non-resident give place and State) Mica - Ida
11. Color or race W. | 12. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or Country) Pennsylvania

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner -
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lost Claim
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Eliza Harriet Baker
19. Residence (usual place of abode) (If non-resident give place and State) Mica - Ida
20. Color or race W. | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or Country) Coeur d. Weber Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother 6 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 3 (c) Stillborn
29. If stillborn, period of gestation ..... { months or weeks
30. Cause of Stillbirth { During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 3 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Filed June 20, 1940 Mrs. Helen M. Brude
Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

SEP 10 1940

State of Idaho }
County of Shoshone } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Eliza H. Corby being first duly sworn says that she is the mother of Claire Emma Corby McKesson,
(Relationship of child)*

born June 27, 1925 at Milo, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Mrs. Eliza H Corby hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Nick Schools, ~~M. D.~~ Midwife was the medical attendant at the birth of said Claire Emma Corby McKesson and that the said medical attendant is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs Eliza H Corby

P. O. Address 304 W Riverside Kellogg Ida

Subscribed and sworn to before me this 20th day of June, 1940

Mary M Stacy
Notary Public.

Residing at Kellogg, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

963 225 035 863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

12-5-40

State File No. 298190
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Southwick
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
SEP 12 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1610 - 15th Ave.
(e) How long has **MOTHER** lived in Idaho? All yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Bertha Gladys Hollingsworth
5. Date of Birth (Month, day, year) Dec 25th 1893
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Hollingsworth
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Fairbury (City or town) Neb. (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice M. Hollingsworth
17. Color or Race white
18. Age at time of THIS birth 22 years
19. Birthplace Fairbury (City or town) Neb. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Sept 10, 1940 (Date received) (b) Patricia Burke Deputy (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Asotin }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I E. G. Hollingsworth, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Bertha Gladys Hollingsworth (Name of person on certificate above) as uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

E. G. Hollingsworth Name
Clarkston Wash. P. O. Address

Subscribed and sworn to before me on this 6th day of September 1940

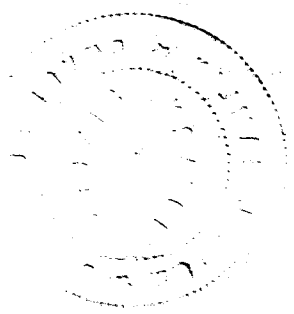
(SEAL) Eula L. Hamlin Notary Public, residing at Lewiston Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



816 107001 356

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298382
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise
   (c) Street Address or R F D No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home.....days.
   In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho?.....yrs.
   (f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) Boise, Ida.

4. **FULL NAME OF CHILD** Ralph Lewis Haworth

5. Date of Birth (Month, day, year) Nov. 7th, 1893

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Sylvanus Haworth
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Warren County (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma May Lewis
17. Color or Race white
18. Age at time of THIS birth 27 years
19. Birthplace Earlham, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living 1 (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a) Sept. 4, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Ada Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sylvanus Haworth, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ralph Lewis Haworth (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bowers (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sylvanus Haworth Name

Star, Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of September, 1940

(SEAL) Beth Brandebury Notary Public, residing at Boise Idaho

FEB 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. A319-111 029-231 St

(If born in hospital or institution give name.)

RECEIVED SEP 17 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

298435

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Carl Carlson

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male			Yes	March 11, 1893

FATHER	MOTHER
9. Full name: Joseph Carlson	18. Full maiden name: Emma Christina Stake
10. Residence (usual place of abode) (If non-resident, give place and State): Moscow, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Moscow, Idaho
11. Color or race: White | 12. Age at last birthday: 33 (years)	20. Color or race: White | 21. Age at last birthday: 32 (years)
13. Birthplace (city or place) (State or Country): Sweden	22. Birthplace (city or place) (State or Country): Sweden
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: 16. Date (month and year) last engaged in this work: ....., 19.... | 17. Total time (years) spent in this work:	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home 25. Date (month and year) last engaged in this work: ....., 19.... | 26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

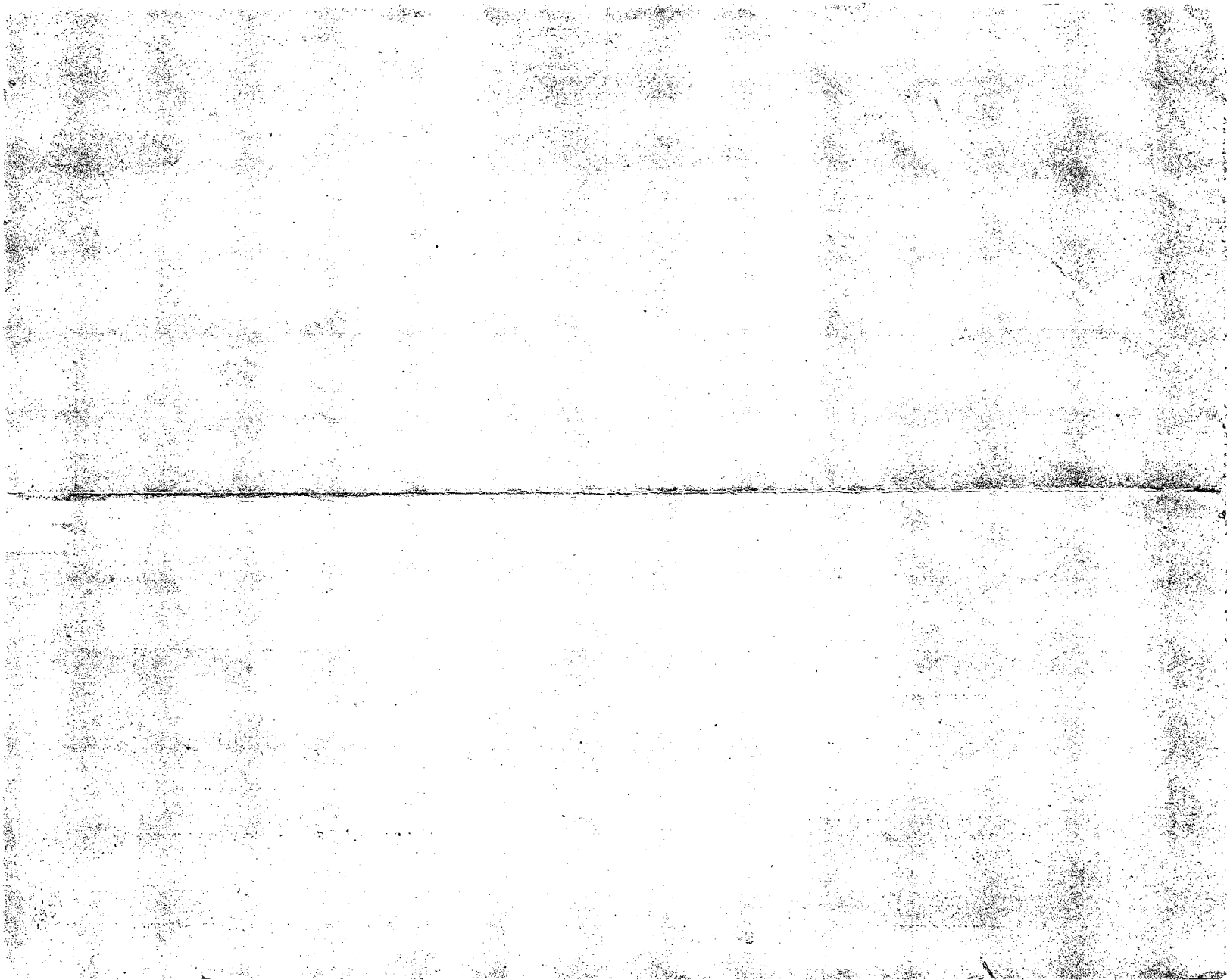
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) ....., M. D.
or ....., Midwife
Address .....

Filed Sept, 1940

Registrar. Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho SEP 17 1940

County of Nez Perce } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Emma Christina Carlson being first duly sworn says that she is the mother (Relationship of child)* of Carl Carlson born March 11 - 1893 (Date of birth) at Moscow, Idaho, whose certificate of birth is hereto attached; and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Carl Carlson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Ward, M. D., was the ~~Midwife~~ medical attendant at the birth of said Carl Carlson and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Emma Christina Carlson

P. O. Address

Subscribed and sworn to before me this 24 day of August, 1940

a. R. Ford
Notary Public.

NOTARY PUBLIC FOR IDAHO RESI[illegible]
MY COMMISSION EXPIRES JULY 2[illegible]

Residing at [illegible]SON, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

435-207-025-962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Grangeville
No. ..... St. Idaho
(If born in hospital or institution give name.)

RECEIVED
SEP 23 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

299539

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary Genevieve Mc Entee

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
female	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term Yes	yes	Oct 7, ~~193~~ 1893 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Patrick H. Mc Entee	18. Full maiden name: Nellie Robinson
10. Residence (usual place of abode) (If non-resident, give place and State): Elk City	19. Residence (usual place of abode) (If non-resident, give place and State): Elk City
11. Color or race: white | 12. Age at last birthday: 35 (years)	20. Color or race: white | 21. Age at last birthday: 20 (years)
13. Birthplace (city or place) (State or Country): County Cavan Ireland	22. Birthplace (city or place) (State or Country): Walla Walla Washington
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Mines	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work ....., 19..	25. Date (month and year) last engaged in this work ....., 19..
17. Total time (years) spent in this work: 6 years	26. Total time (years) spent in this work: one year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: one (At time of this birth and including this child)
(a) Born alive and now living: one (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

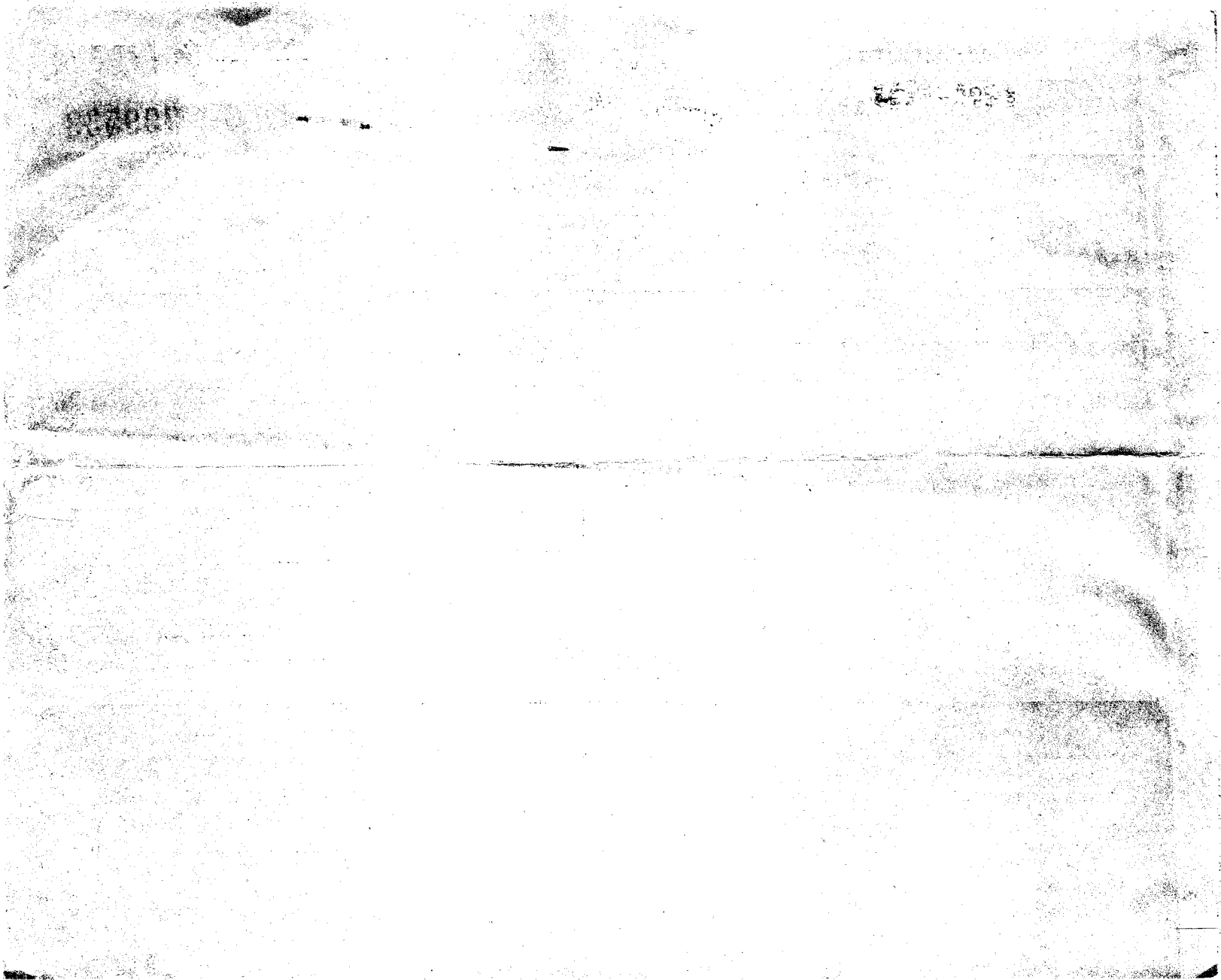
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Filed Sep. 23, 1940 Mae D. Atwood Registrar.

Bureau of Vital Statistics



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

SEP 23 1940

State of Idaho
County of Idaho } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nellie McEntee being first duly sworn says that she is the mother (Relationship of child)* of Mary Genevieve McEntee born Oct 7 1893 (Date of birth) at ~~Grangeville~~ Grangeville, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Mary Genevieve McEntee hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr I. E. Bibby M. D. ~~was the Midwife~~ medical attendant at the birth of said Mary Genevieve McEntee and that the said medical attendant is now deceased (Now deceased ~~(or) cannot be located~~)

Name of Affiant Nellie McEntee

P. O. Address Grangeville Idaho

Subscribed and sworn to before me this 20 day of Sept, 1940

[signature]
Notary Public.

Residing at Grangeville, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

219-101-003-674

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 23 1940

299-1

State File No. 299571
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D No. 2
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ---days.
In **THIS** county ---years ---months ---days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? ---yrs.
(f) Mother's mailing address ---

3. **RESIDENCE OF FATHER** (city, state) Downey, Idaho

4. **FULL NAME OF CHILD** Thomas Jeffreys Barnes

5. Date of Birth (Month, day, year) Dec. 1, 1893

6. Sex male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Maroni Barnes
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Hayville (City or town), Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah H Bodeen
17. Color or Race White
18. Age at time of THIS birth 31 years
19. Birthplace Hayville (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ---(born alive, stillborn) at ---M. on the date and at the place stated above, and that personal particulars were furnished by ---(First name) (Last name), who is related to this child as ---(Mother, etc.)

26. (a) Sep 23, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on ---by ---(Registrar's signature)

25. Attendant's **OWN signature** ---M.D. or ---(D.O., Midwife, etc.)
and address ---Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I H. L. Jensen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Thomas Jeffreys Barnes (Name of person on certificate above) as brother-in-law (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Barger (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

H. L. Jensen Name
Downey Idaho P. O. Address

Subscribed and sworn to before me on this 23rd day of September, 1940.

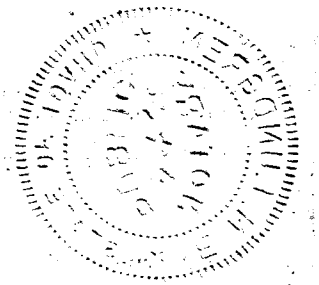
(SEAL) E. J. Lundgren Notary Public, residing at Downey, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

299748

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Custer
City of Antelope
No. None St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Hannah Mae Burnett

3. Sex: Female

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term Yes

7. Legitimate? Yes

8. Date of birth Oct. 7, 1893 (Month, Day, Year)

FATHER

9. Full name Daniel McArthur Burnett

10. Residence (usual place of abode) (If non-resident, give place and State) Antelope

11. Color or race White | 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Brooklyn New York

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own home

16. Date (month and year) last engaged in this work Oct. 7, 1893, 19____

17. Total time (years) spent in this work 14

MOTHER

18. Full maiden name Hannah Jane Heath

19. Residence (usual place of abode) (If non-resident, give place and State) Antelope

20. Color or race White | 21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or Country) Ogden Valley Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Oct. 7, 1893, 19____

26. Total time (years) spent in this work 14

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 9 (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 9:00 PM on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

_____ Registrar.

(Signed) _____, M. D.

or Hannah Jane Burnett Mother, Midwife

Address _____

Filed 9/27 1893 Mae G. Atwood Registrar.

249 - 207 - 219 - 851

STATE OF IDAHO

C.A. Bottolfsen [redacted], GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Hannah Jane Burnett being first duly sworn says that she is the mother (Relationship of child)* of Hannah Mae Burnett born Oct. 7, 1893 (Date of birth) at Antelope, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Hannah Mae Burnett hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Wm. Harris ~~M.D.~~ was the Midwife medical attendant at the birth of said Hannah Mae Burnett and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Hannah Jane Burnett

P. O. Address 18723 Erwin St. Reseda California

Subscribed and sworn to before me this 20th day of February, 19 39

Donald L. Turner
Notary Public.

Residing at My Commission Expires November 16, 1942, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 23 1957

033-130-014-234

299751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 20 1940

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D No.....
(d) ~~Name of Hospital or Maternity Home~~: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? All yrs.
(f) Mother's mailing address Emmett
3. **RESIDENCE OF FATHER** (city, state) Emmett, Ida

4. **FULL NAME OF CHILD** Harold McCrossin
5. Date of Birth (Month, day, year) Aug. 30 1893
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William McCrossin
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Emmett (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Stuart McCrossin
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Falk Store (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4
(c) Born alive and now dead ~~.....~~ (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Sep. 20, 1940 (Date received) (b) Mrs. J. V. R. Witt (Signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN** signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Gem
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John B. Davies, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Harold McCrossin (Name of person on certificate above) as a Friend (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. J. V. R. Witt (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John B. Davies Name

Emmett, Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of September 1940

(SEAL) Clerk of the District Court, Notary Public, residing at Emmett, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 28 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

299766

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 3 1940

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Custer
City of Ramsey Home
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 299766
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Estella May Pence

3. Sex F | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth Jan. 16, 1893 (Month, Day, Year)

FATHER

9. Full name James Robert Pence
10. Residence (usual place of abode) (If non-resident, give place and State) Custer Co
11. Color or race White | 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Henderson Co. Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Cathran Coon Bradshaw
19. Residence (usual place of abode) (If non-resident, give place and State) Custer Co
20. Color or race White | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or Country) Mont.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother one (At time of this birth and including this child)
(a) Born alive and now living one (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks | 30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed Oct 3, 1940 Mae G Atwood
Bureau of Vital Statistics Registrar.

755-2161 619-291

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Custer } ss.

James R. Pence being first duly sworn says that he is the father (Relationship of child)* of Estelle May Pence (Younger) born January 16, 1893 (Date of birth) at In Custer County, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Estelle May Pence hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Shoe & Mrs. Dewit (midwives) ~~M. D.~~ was the Midwife medical attendant at the birth of said Estelle May Pence and that the said ~~medical attendant~~ midwives is and now deceased (Now deceased (or) cannot be located)

Name of Affiant James R Pence

P. O. Address Mackay, Ida

Subscribed and sworn to before me this 26th day of September, 1940

Margaret Burton
Notary Public.

Residing at Patterson, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



296 - 203.022 - 294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

299802

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Chester
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Chester
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Nora Eliza Brown

5. Date of Birth (Month, day, year) March 3. 1893

6. Sex. Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Brown
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Crown Point (City or town) Ind. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Isabel Bird
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Mendon (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Oct 3, 1940 (Date received) (b) Mae G Atwood (Registrar) State Bureau of Vit. Statistics

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Irma Brown Garns, being first duly sworn, say that I am related (Related to (or) acquainted with) Nora Eliza Brown (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Sorensen (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Irma Brown Garns Name
Sugar City, Idaho Rt #1 P. O. Address

Subscribed and sworn to before me on this 1st day of October, 1940

(SEAL)

Mary Smith Notary Public, residing at Rexburg, Idaho

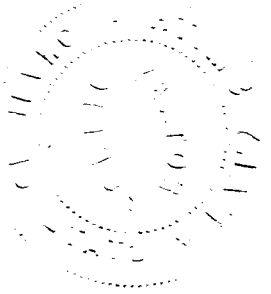
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 10-16-40 mp

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



318-12-0040-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) Reg 862 299862

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 3 1940

1. **PLACE OF BIRTH:**
(a) County SHOSHONE (b) City WARDNER
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State MISSOURI (b) County
(c) City INDEPENDENCE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address OSBURN

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** HARRISON GEORGE TAYLOR

5. Date of Birth (Month, day, year) NOV. 12 - 1893

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** JAMES W. TAYLOR
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace KANSAS CITY - MISSOURI (City or town) (State or foreign country)
14. Exact Occupation MILL-WRIGHT
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LILY DALE GIFFIN
17. Color or Race WHITE
18. Age at time of THIS birth 26 years
19. Birthplace INDEPENDENCE MISSOURI (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. ~~Name~~ prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother) etc.

Oct 3 1940 Mae G. Attwood
(Date received) (Registrar's signature)

Not in possession of true

Bureau of Vital Statistics
(Registrar's signature)

25. Attended by OWN signature M.D. or (D.O., Midwife, etc.)
and address Date

26. (a)
27. Given name added on by

State of New York
County of Kings } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mildred Hansen, being first duly sworn, say that I am Sister (Related to (or) acquainted with) of Harrison George Taylor (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that C. V. Ahmann (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Mildred Hansen Name
7520 Newkirk Ave Address

Subscribed and sworn to before me on this 28 day of September

(SEAL) Notary Public, residing at 109 Colonial Ct. Bklyn.

NOTARY PUBLIC, Kings Co. No. 849
Kings Co. Clk's No. 849, Reg. No. 8100
Commission Expires March 30, 1941

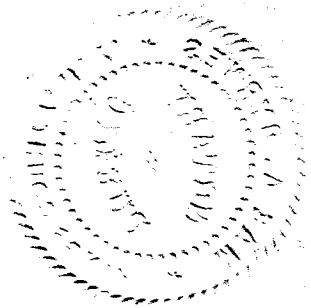
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





262-203-035-266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 299904

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 299904
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R F D No. 1202 Idaho St.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

RECEIVED OCT 14 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1202 Idaho St.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address as above
3. **RESIDENCE OF FATHER** (city, state) Lewiston, Ida.

4. **FULL NAME OF CHILD** Emily Frances Boston
5. Date of Birth (Month, day, year) March 3, 1893
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Franklin John Boston
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Hartland (City or town) Maine (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Augusta Booth
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Millville (City or town) Massachusetts (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by Emma Augusta Booth Boston (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) Oct 7, 1940 (Date received) (b) Patricia Burke (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Augusta Booth Boston, being first duly sworn, say that I am related to (Related to (or) acquainted with) Emily Frances Boston (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Charles W. Shaff (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emma Augusta Booth Boston Name

1202 Idaho St., Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of October 1940.

(SEAL) Phil Steinguber Notary Public, residing at Lewiston, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

COUNTY AUDITOR AND RECORDER

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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299955

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 299955

RECEIVED OCT 16 1940

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Genesee, Idaho
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Adolph Nathaniel Pearson

3. Sex male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth Oct. 7, 1893 (Month, Day, Year)

FATHER

9. Full name Nels Peter Pearson
10. Residence (usual place of abode) (If non-resident, give place and State) Genesee, Idaho
11. Color or race white | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) ____ (State or Country) Grefvie Skone, Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work 17

MOTHER

18. Full maiden name Johanna Gustava Ruberg
19. Residence (usual place of abode) (If non-resident, give place and State) Genesee, Idaho
20. Color or race white | 21. Age at last birthday [redacted] 39 (years)
22. Birthplace (city or place) ____ (State or Country) Vesterjotland, Sweden

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 6 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ____, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____ (Date of)

Filed Oct. 16, 1940 Mae G. Atwood
Registrar.
Bureau of Vital Statistics Registrar.

APR 20 1942

APR 20 1942

751-107-029-742

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of ~~Idaho,~~ Oregon } ss.
County of ~~Latah,~~ Multnomah }

Mrs. Johanna Pearson being first duly sworn says that she is the mother of Adolph Nathinal Pearson
(Relationship of child)*

born Oct. 7, 1893 at Genesee, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mrs. Johanna Pearson desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Adolph Pearson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Johanna Pearson

P. O. Address 3122 N.E. 8 Ave Portland, Oregon

Subscribed and sworn to before me this 17th day of August, 1938

Arthur K. Vice
Notary Public.

My Commission Expires June 7, 1940 Residing at Portland, Oregon, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 20 1942

294-123 029-214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO 299984

State File No. 299984
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** Near Genesee on farm
(a) County Latah (b) City
(c) Street Address or R F D No. none
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home no days. In **THIS** county 21 years -- months -- days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Near Genesee, Idaho
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Genesee, Idaho
3. **RESIDENCE OF FATHER** (city, state) Genesee, Ida

4. **FULL NAME OF CHILD** Albert Henry Bruegeman
5. Date of Birth (Month, day, year) Sept 23- 1893
6. Sex. Male
7. Twin or Triplet: No / No — If so—born 1st, 2nd, 3rd: No
8. No. months of Pregnancy 9 mos
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank H. Bruegeman
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Langen (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Frances Kambitch
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace St. Louis (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) 10-16-40 (Date received) (b) Mae D. Atwood (Registrar's signature)
27. Given name added on ____ by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. or ____ (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank H. Bruegeman, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Albert Henry Bruegeman (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Teresa Kambitch (Name of attendant at birth), who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Frank H. Bruegeman Name
Route 2, Lewiston, Idaho P. O. Address

Subscribed and sworn to before me on this 5th day of September October, 1940

(SEAL)

Leo E. [illegible] Notary Public, residing at Lewiston, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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362131 030-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 300147
Local Reg. No.
Reg. Dist. No. 2116

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Junction
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
OCT 16 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 12 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City Junction
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Junction, Idaho
3. **RESIDENCE OF FATHER** (city, state) Junction, Ida

4. **FULL NAME OF CHILD** Edwin Socrates Tobias
5. Date of Birth (Month, day, year) May 31, 1893
6. Sex. Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Solon Socrates Tobias
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Grand Isle (City or town) Vermont (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Randher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Jane Gorton
17. Color or Race white
18. Age at time of THIS birth 33 years
19. Birthplace West Lodi, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ada Gorton Tobias (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct 14 (Date received) (b) Chas C Bellamy (Registrar's signature)
27. Given name added on ..... by Chas C. Bellamy (Registrar's signature)

25. Attendant's **OWN signature** Deceased M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ada Gorton Tobias, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edwin Socrates Tobias (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Stevenson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ada Gorton Tobias ..... Name
Lemhi, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 12th day of October, 1940

(SEAL)

Marvin C. McBride ..... Notary Public, residing at Salmon, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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257115 006 279

B-01189

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301189
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Idaho
(c) Street Address or R F D No.
(d) ~~Name of Hospital or Maternity Home~~:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Preston

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Wallace A. Keplinger

5. Date of Birth (Month, day, year) June 15, 1903

6. Sex. Male

7. ~~Twin or Triplet~~ If so ~~born~~ 1st, ~~2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Keplinger

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Warren (City or town) Ohio (State or foreign country)

14. Exact Occupation Stock + Farming

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca Bingham

17. Color or Race White

18. Age at time of THIS birth 37 years

19. Birthplace Bingham Co Idaho (City or town) (State or foreign country)

20. Exact Occupation Home Keeper

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Oct. 19 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on ~~or~~ ~~by~~ ~~Registrar's signature~~

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, E.D. Leavitt, being first duly sworn, say that I am ~~the Doctor~~ Half Brother (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. M. Moore (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

× E D Leavitt Name
Las Vegas Nevada P. O. Address

Subscribed and sworn to before me on this 28th day of September 1940

(SEAL) Alex Allen Notary Public, residing at Spokane Wn

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 7 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Cc 10/28/40
1931

884 107 037-953

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 301215

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301215
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Owyhee (b) City Oreana
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 4 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City Oreana
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Oreana, Idaho
3. **RESIDENCE OF FATHER** (city, state) Oreana

4. **FULL NAME OF CHILD** Aden Lionel Hyde
5. Date of Birth (Month, day, year) 10/7, 1893
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Benjamin H. Hyde
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Rome, New York (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma May Retan
17. Color or Race white
18. Age at time of THIS birth 26 years
19. Birthplace Chesaning Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. one (b) Born alive and now living. 3
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b) May G. Atwood (Registrar)
Bureau of Vital Statistics

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

27. Given name added on.....by.....(Registrar's signature)

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Benjamin H. Hyde, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Aden Lionel Hyde as mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Martha Henderson, who attended (Name of attendant at birth)
said birth is now deceased and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

Mrs Benjamin H. Hyde Name
Oreana Idaho P. O. Address

Subscribed and sworn to before me on this 28th day of October

(SEAL) Ruth Sandelbury Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

One copy 10/28/40 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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465-101 001 319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301326
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F D No. 715 E Broadway
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home all days. In **THIS** county 2 years 6 months days.

RECEIVED OCT 30 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. N. 8th
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Boise Idaho N. 8th
3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Lewis Louis Bowers Monroe
5. Date of Birth (Month, day, year) Aug. 1-1893
6. Sex Male
7. Twin or Triplet NO If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 Mo
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John James Monroe
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Joplin (City or town) Mo (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Butcher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Lucena Agnes Carter
17. Color or Race White
18. Age at time of THIS birth 38 years
19. Birthplace Springfield (City or town) Mo (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6 (c) Born alive and now dead [redacted] (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3 a. M. on the date and at the place stated above, and that personal particulars were furnished by Fannie Aveline (First name) (Last name), who is related to this child as sister (Mother, etc.)

26. (a) Oct. 30, 1940 (Date) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Walla Walla }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fannie E. Aveline, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Louis B. Monroe (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Louis Bowers (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that ~~this~~ birth has not been previously recorded.

Fannie E. Aveline ..... Name

College Place, Washington ..... P. O. Address

Subscribed and sworn to before me on this 28th day of October, 1940.

(SEAL) A. M. Mason ..... Notary Public, residing at College Place, Wn.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1 copy 11/2/40 L.E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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619 228 029 192

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301425
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R F D No. 1½ mi East
(d) Name of Hospital or Maternity Home: of Moscow
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

RECEIVED
1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Moscow, Idaho.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho.

4. **FULL NAME OF CHILD** Lorina Alberta Wait

5. Date of Birth (Month, day, year) March - 28 - 1893

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lorin Albert Wait
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Racine Co., (City or town) Wisconsin, (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business House Building

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Virginia Aiken
17. Color or Race white
18. Age at time of THIS birth 34 years
19. Birthplace Grand Detour, (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Nov. 1, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

Bureau of Vital Statistics

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California }
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fred E. Wait, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lorina Alberta Wait (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Fred E Wait Name
Route #2, Oakland Mr. Jan. P. O. Address

Subscribed and sworn to before me on this 29th day of October 1940

(SEAL) Victor D McCarthy Notary Public, residing at El Segundo, Calif.

My Commission Expires Jan. 9th, 1942.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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593-203 029417

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301480

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Palouse City
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home: not in Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Montana (b) County Fergus
(c) City Lewistown
(d) Street Address or R.F.D. No. 6th & Washington
(e) How long has **MOTHER** lived in ~~Idaho~~?.....yrs.
(f) Mother's mailing address Lewistown, Mont.

3. **RESIDENCE OF FATHER** (city, state) 1111 W. Montana, Lewistown, Mont

4. **FULL NAME OF CHILD** Orpha Vickrey

5. Date of Birth (Month, day, year) Feb. 3-1893

6. Sex. Female

7. Twin or Triplet ×

If so—born 1st, 2nd, 3rd ×

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Shadrick Munroe Vickrey
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Lee Co; Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ×

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Mae Maxwell
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Lee Co; Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ×

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead ×. (d) Stillborn ×.

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at.....M. on the date and at the place stated above and that personal particulars were furnished by Cora Mae Tullock (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Oct 26 1940 (Date received) (b) Mae D Atwood (Registrar's signature) Registrar
Bureau of Vital Statistics

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Montana } ss.
County of Fergus }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Cora Mae Tullock, being first duly sworn, say that I am related to (Related to ~~(or) acquainted with~~) Orpha Vickrey (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dart (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Cora Mae Tullock Name
Lewistown, Mont. P. O. Address

Subscribed and sworn to before me on this 26th day of October, 1940

(SEAL)

Notary Public for the State of Montana Residing at Lewistown
Notary Public residing at Lewistown, Mont.
My Commission Expires July 9, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Certified Copy Issued NOV. 20, 1940.

113 101 014.113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED NOV 6 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301513
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Caldwell
(c) Street Address or R F D No. Rural
(d) Name of Hospital or Maternity Home:
At home near Caldwell
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada Canyon
(c) City Farm near Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2yrs yrs.
(f) Mother's mailing address Caldwell

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Id

4. **FULL NAME OF CHILD** Claude Elmer Jackson

5. Date of Birth (Month, day, year) May 1, 1893

6. Sex: male

7. Twin or Triplet: single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harrison Jackson
11. Color or Race: white
12. Age at time of THIS birth: 27 yrs.
13. Birthplace: Polk County, (City or town) Missouri (State or foreign country)
14. Exact Occupation: School-teacher
15. Industry or Business: Country School

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Jackson
17. Color or Race: white
18. Age at time of THIS birth: 25 years
19. Birthplace: Halfway, (City or town) Missouri (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Eliza Jackson (First name) (Last name), who is related to this child as Mother (Mother).

Mae G. Atwood

26. (a) 11-6-40 (Date received) (b) Mae G. Atwood (Registrar)

Bureau of Vital Statistics

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Jenny Smith. M.D. or (Midwife, etc.)
and address Caldwell Bozeman present address Bozeman, Mont.
Date 11-1893

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this ..... day of .....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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Certified Copy issued NOV. 12, 1940. L.W.

261-108-001-234

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301617
Local Reg. No.
Reg. Dist. No.

NOV 9 1940

1. **PLACE OF BIRTH:**
(a) County Ada (b) City
(c) Street Address or R F D No. Boise Valley
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. In **THIS** county years 2 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City Rocky Bar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Rocky Bar, Idaho
3. **RESIDENCE OF FATHER** (city, state) " "

4. **FULL NAME OF CHILD** Carl Slusser Swanholm
5. Date of Birth (Month, day, year) May 8, 1893
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Carl Swanholm
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Norkoping (City or town) Sweden (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mamie Thacker Slusser
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Vandalia (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mamie T. Swanholm (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Nov. 9 1940 (Date received) (b) Mae D. Atwood (Registrar's signature)

27. Given name added on by Bureau of Vital Statistics

25. Attendant's **OWN signature** Sarah Slusser M.D. (or Midwife, etc.)
and address 3117 Franklin San Diego, Calif. Date 11-9-40

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with)
as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Name

P. O. Address

Subscribed and sworn to before me on this day of

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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523-102-029-523

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301633
Local Reg. No.
Reg. Dist. No.

NOV 15 1940

1. **PLACE OF BIRTH:**
(a) County LATAH (b) City MOSCOW
(c) Street Address or R F D No. No Number
(d) Name of Hospital or Maternity Home: Washington STREET South
Born AT House
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home No days.
In **THIS** county 10 years — months — days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Washington (b) County Kitsap
(c) City Tacoma
(d) Street Address or R.F.D. No. 3734 East G St
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address as above
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** GORDON Campbell ESTES
5. Date of Birth (Month, day, year) Dec. 2, 1893
6. Sex. Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas ARTHUR ESTES
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Little Rock (City or town) Arkansas (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Josephine Estes
17. Color or Race White
18. Age at time of THIS birth 47 years
19. Birthplace OREGON City (City or town) OREGON (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do Not KNOW
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 2
(c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.) Dr. WATKINS - DECEASED

26. (a) Nov 15, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature) State Bureau of Vital Statistics

28. Attendant's **OWN signature** ____ M.D. or ____ (D.O., Midwife, etc.)
and address ____ Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of ILLINOIS
County of Cook } ss.

I ANNA Josephine Estes, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) as ____ (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. WATKINS (Name of attendant at birth), who attended said birth, Is Now Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna Josephine Estes Name X
7137 Euclid Ave. Chicago, Ills. P. O. Address

Subscribed and sworn to before me on this 9th day of November 1940

(SEAL) Helen Keith Notary Public, residing at Chicago, Ill.

FOR NEXT Three Mos.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



12/12/40 L. B.

GORDON C. ESTES
7137 Euclid Avenue
Chicago

Plaza 2424

December 10, 1940

DEC 13 1940

Miss Mae G. Atwood
Registrar of Vital Statistics
Department of Public Welfare
Division of Public Health
Boise, Idaho

Dear Miss Atwood:

I was born on December 2, 1893, in Moscow, Idaho.

My father was born on a farm near Little Rock, Arkansas, and was 21 years of age at the time of my birth.

I trust with this additional information everything will be in order so that you can issue my birth certificate without further delay.

Yours very truly,

G. C. Estes

GCE:cc

495-225-020-242

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 13 1940

Registration District No. 380 State File No. 301649

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Elmore
City of Mountain Home
No. ..... St.
(If born in hospital or institution give name)

2. FULL NAME OF CHILD Barbara Dahl Dienst

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Sept 25, ~~1939~~ 1893 (Month, Day, Year)

FATHER

9. Full name John Dienst

10. Residence (usual place of abode) Mountain Home (If non-resident, give place and State) Idaho

11. Color or race White 12. Age at last birthday ..... (years)

13. Birthplace (city or place) Baden, Germany. (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cattle Man, Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work Deceased, 19.....

17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Hannah Kuster

19. Residence (usual place of abode) Mountain Home (If non-resident, give place and State) Idaho

20. Color or race white 21. Age at last birthday 69 (years)

22. Birthplace (city or place) Dayton, (State or Country) Ohio

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work .....19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Bornalive at Noon m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

Registrar.

(Signed) ....., M. D.
or Johanna Cordovia, Midwife
Address Mother 1328 S. Herbert Ave L. A. Cal.

Filed Nov 13 1940 Mae D. Atwood
Registrar.

Bureau of Vital Statistics

Certified Copy issued Nov. 19, 1940. E.W.

<195-225-020-242

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 13 1940

State of California

County of Los Angeles

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Johanna Cordovia being first duly sworn says that

is the Mother (Relationship of child) of Barbara Dahl Dienst

born September 25th, 1893 (Date of birth) at Mountain Home, Idaho,

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Barbara Dahl Dienst

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Smith, M. D., was the Midwife medical attendant at the birth of said Barbara Dahl Dienst and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Johanna Cordovia.

P. O. Address 1328 S. Herbert Ave Los Angeles Cal.

Subscribed and sworn to before me this 1st day of October, 19 40

Notary Public.

My Comm ex Mch 5, 1942.

Residing at Los Angeles California, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

853-207-047-853

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301776
Local Reg. No.
Reg. Dist. No.

RECEIVED
NOV 18 1940

1. **PLACE OF BIRTH** (a) County Logan (b) City Bl
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these) (a) State Idaho (b) County Elmore Co
(c) City King Hill
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 56 yrs.
(f) Mother's mailing address Deceased

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Lily Estella Heller

5. Date of Birth (Month, day, year) Jan 7th 1893

6. Sex. Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Joseph P Heller
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace New York City: N Y (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Zenobia Heller
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Littlerock Ark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Mae G. Atwood (First name) (Last name), who is related to this child as (Mother).

26. (a) Nov. 25, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** Helena Cash or Mrs Smith (D.O., Midwife, etc.) and address Clover Creek Idaho

27. Given name added

State of Idaho }
County of Gooding } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Helena Cash, being first duly sworn, say that I am Related (Related to (or) acquainted with) Lily Estella Heller (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Smith (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Helena Cash Name
Wendell Idaho P. O. Address

Subscribed and sworn to before me on this 13 day of November 1940

(SEAL) J. Maxwell Notary Public, residing at Wendell Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 17 1954

OCT 5 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-214 003-651

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 27 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302916
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. no
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ✓ days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Viola Francis Preston

5. Date of Birth (Month, day, year) March 14th, 1893 ~~1893~~

6. Sex female

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd ~~5~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank A. Preston
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Paintsville, Kentucky (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business no

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Deborah Weaver
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Anamosa Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business no

22. Name prophylactic used to prevent Ophthalmia Neonatorum no
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead no (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Nov. 27, 1940 (Date received) (b) Mae D. Atwood (Registrar's signature)

27. Given name added on ... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie Deborah Perry, being first duly sworn, say that I am related to (Related to (or) acquainted with) Viola Francis Preston (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Dr. McMillan (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nellie Deborah Perry Signature

Lorenzo P. O. Address

Subscribed and sworn to before me on this 26 day of November, 19 40

(SEAL) Bertha E. Bennett Notary Public, residing at Rigby, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 15, 1941. E.M.

219 223 007 285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

303100

State File No.....
Local Reg. No.....
Reg. Dist. No.....

DEC 9 1940

1. **PLACE OF BIRTH:**
(a) County BLAINE (b) City HAILEY IDAHO
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County BLAINE
(c) City HAILEY
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Deceased
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** ETHEL BELMONT BARRINGTON 5. Date of Birth (Month, day, year) Feb-23-1893.

6. Sex FEMALE. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo. 9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** THOMAS WILLIAM BARRINGTON
11. Color or Race WHITE 12. Age at time of THIS birth 24 yrs.
13. Birthplace QUEBEC (City or town) CANADA (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARIAN SHEPARD
17. Color or Race WHITE 18. Age at time of THIS birth 21 years
19. Birthplace VIRGINIA CITY (City or town) NEVADA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. ~~Name prophylactic used to prevent Ophthalmia Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Mae G. Atwood (First name) (Last name), who is related to this child as Mother.

26. (a) Dec. 9, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature) Registrar

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington }
County of Stevens } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Pearl Stewart, being first duly sworn, say that I am a relative of (Related to (or) acquainted with) ETHEL BELMONT BARRINGTON (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Brown (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Pearl Stewart Name
Colville Washington P. O. Address

Subscribed and sworn to before me on this 30th day of NOVEMBER, 1940

(SEAL) Peter R. Squire Notary Public, residing at Colville, Wn.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 19 1940. E.W.

867-124 028-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 303115
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home none days.
In **THIS** county 3 years month days.

DEC 10 1940

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Bonners Ferry

3. **RESIDENCE of FATHER** (city, state) Bonners Ferry

4. **FULL NAME OF CHILD** Forrest Henry Hope

5. Date of Birth (Month, day, year) Mch. 24, 1893

6. Sex male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David L. Hope
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Clark County (City or town) Iowa (State or foreign country)
14. Exact Occupation dray & transfer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Thornton
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Pekin (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (self) David L. Hope (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) Dec 10, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN** signature ✓ David L Hope M.D. Father (D.O., Midwife, etc.) and address Cut Bank Mont. Date 12/7/40

27. Given name added on Bureau of Vital Statistics (Registrar's signature)

State of Montana
County of Glacier } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, David L. Hope, being first duly sworn, say that I am related (Related to (or) acquainted with) Forrest Henry Hope (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Barker (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

✓ David L Hope Signature

P. O. Address

Subscribed and sworn to before me on this 7th day of December 1940

(SEAL) Horace W Jackson Notary Public residing at Cut Bank Montana

My commission expires July 30-1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-16-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-22 030843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 303187
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Gibbonsville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 13 years 11 months 2 days.

DEC 13 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Oregon (b) County Lane
(c) City Eugene
(d) Street Address or R.F.D. No. 364 E 13th
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Eugene-Oregon
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Jessie Irene Allan
5. Date of Birth (Month, day, year) April 27, 1893
6. Sex FEMALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Franklin Allan
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Helena, Montana 11-21-68 (City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Daisy Hull
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Fort Scott, Kan. 1-19-69 (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Dec 13 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Oregon }
County of Lane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Daisy Allan, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jessie Irene Allan (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Cartwright and/ (Name of attendant at birth) Rosannah Hull, who attended said birth are now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret Daisy Allan ..... Name
364 East 13th St., Eugene, Oregon ..... P. O. Address

Subscribed and sworn to before me on this 11th day of December, 1940

(SEAL) J. M. Collins ..... Notary Public, residing at Eugene, Oregon

My commission expires: 10/15/'44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-125011-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 303206
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Boundary (b) City Banner Ferry
(c) Street Address or R.F.D. No. Not Known
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years.....months.....days.

RECEIVED DEC 16 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Wash. (b) County Spokane
(c) City Spokane
(d) Street Address or R.F.D. No. Not Known
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Not Known
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ford Ellsworth Wood
5. Date of Birth (Month, day, year) 3-26-1893
6. Sex MALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mos.
9. Legitimate? Yes

FATHER OF CHILD (Deceased)

10. **FULL NAME** David Alfred Wood
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Not Known (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building Trade

MOTHER OF CHILD (Deceased)

16. **FULL MAIDEN NAME** Juila Bell Grinnell
17. Color or Race White
18. Age at time of THIS birth 20 years
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia~~ Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother) Mae G. Atwood

26. (a) Dec. 16, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)
Bureau of Vital Statistics

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of King }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maggie Mae Prentiss being first duly sworn, say that I am related to (Related to (or) acquainted with) Ford Ellsworth Wood (Name of person on certificate above) as Aunt (Mother's Sister) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Deceased (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Maggie Mae Prentiss Name
623 Federal Ave., Seattle P. O. Address

Subscribed and sworn to before me on this 21st day of December, 1940.

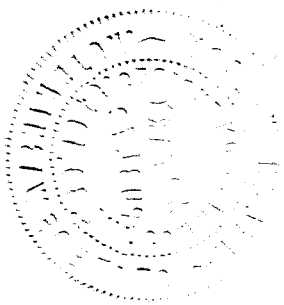
(SEAL) Helen Williams Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Certified Copy Issued D.C. 26, 1940. E.W.

699-201 045-458

304294 304294

United States
Department of Commerce
Bureau of the Census RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304294
Local Reg. No. 143
Reg. Dist. No. 410

1. **PLACE OF BIRTH** DEC 21 1940
(a) County Arturas (b) City Hailey
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Arturas
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address Hailey, Idaho

3. **RESIDENCE OF FATHER** (city, state) Hailey, Ida

4. **FULL NAME OF CHILD** Myrtle Helen Friedman

5. Date of Birth (Month, day, year) 6-1-1893

6. Sex. Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Simon J. Friedman
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Near Thorn, (City or town) Germany (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General Merchandise

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luscha Meyer
17. Color or Race white
18. Age at time of THIS birth 29 years
19. Birthplace Near Fordon, (City or town) Germany (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno3
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 6:15 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) 12-11-1940 (Date received) (b) Robert H. Wright (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Luscha Meyer Friedman being first duly sworn, say that I am related to (Related to (or) acquainted with) Myrtle Helen Friedman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Higgins (Name of attendant at birth), who attended said birth, is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Luscha Meyer Friedman Name
Box 136 Hailey, Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of Dec, 1940

(SEAL) J. J. McDonald Notary Public, residing at Hailey Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issue January 2, 1941. E.W.

331 101 003 547

304388

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304388
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock. (b) City Pocatello.
(c) Street Address or R.F.D. No. 629 No. Harrison Ave.
(d) Name of Hospital or Maternity Home: Residence. 629 No. Harrison Ave.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home None days.
In **THIS** county 5 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 629 N. Harrison
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address 629 N. Harrison

3. **RESIDENCE of FATHER** (city, state). Pocatello

4. **FULL NAME OF CHILD** Arthur Edgley Clark.

5. Date of Birth (Month, day, year) Oct. 1, 1893

6. Sex Male. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Clark.
11. Color or Race White. 12. Age at time of THIS birth 36 yrs.
13. Birthplace Lower Gornal, Staffordshire, England (City or town) (State or foreign country)
14. Exact Occupation Air Inspector. O.SL. R.R.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Edgley.
17. Color or Race White. 18. Age at time of THIS birth 28 yrs.
19. Birthplace London, England. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 3
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Edgley Clark, being first duly sworn, say that I am related to (Related to (or) acquainted with) Arthur Edgley Clark (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mc Mellon (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah Edgley Clark Signature
407 W. Jefferson St., Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of January, 1941.

(SEAL) Notary Public, residing at Boise, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bingham

City of Idaho Falls

No. Capital Ave St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

304523

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Mary Wrenn Willson

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female				yes	Yes	Oct 23 1893

FATHER	MOTHER
9. Full name Thomas Claiborne Willson	18. Full maiden name Mary Adelmi Shangle
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 30 (years)	20. Color or race White | 21. Age at last birthday 22 (years)
13. Birthplace (city or place) Amelia Springs (State or Country) Virginia	22. Birthplace (city or place) Bristol (State or Country) Tennessee
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work 4 yrs.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work 5 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Solution Boric Acid

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 7 P m. on the date above stated.

(Signed) [redacted], M. D.

or ____, Midwife

Address Pocatello Idaho

Filed Jan 6, 1941 Mae D. Atwood
Registrar.

Bureau of Vital Statistics

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

2/8/41 L. B.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho

County of Bonneville (formerly Bingham) ss.

Mary Adeline Wilson being first duly sworn says that she is the Mother of Wrenn Wilson Holman
(Relationship of child)*

born October 23rd 1893 at Idaho Falls, Bingham Co., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She, Mary Adeline Wilson desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Wrenn Wilson Holman

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that L. W. Bean, M. D., was the Midwife medical attendant at the birth of said Wrenn Wilson Holman and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Mary Adeline Wilson

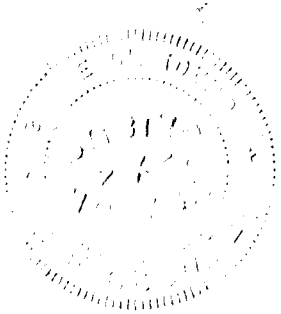
P. O. Address 12 E Eastern Ave. Idaho Falls, Idaho.

Subscribed and sworn to before me this 3rd day of February, 1941

Notary Public.

Residing at Idaho Falls, Idaho.

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**



245104040-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 6 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

304530

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Kingston
(c) Street Address or R F D No..... Idaho
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....6.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Alberta (b) County Canada
(c) City Calgary
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Kingston, Idaho

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Charles Dazley Bunce

5. Date of Birth (Month, day, year) Jan 4 1893

6. Sex. M

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Dazley Bunce
11. Color or Race English
12. Age at time of THIS birth 44 yrs.
13. Birthplace Toronto (City or town) Ontario Canada (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter work

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Greenwood Bunce
17. Color or Race English
18. Age at time of THIS birth 35 years
19. Birthplace Drayton, Ont. (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Jan. 6, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on.....by Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of.....} ss.
County of.....}

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Caroline Bunce McQueen being first duly sworn, say that I am related (Related to (or) acquainted with) to Charles Dazley Bunce (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. T. Hunt (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Caroline Bunce McQueen Name

Arrowhead B.C. P. O. Address

Subscribed and sworn to before me on this 2nd day of Jan 1941

(SEAL) W H Campbell Notary Public, residing at Creston B.C.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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515713-204819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304559
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Bear Lake (b) City -Paris
   (c) Street Address or R F D No.
   (d) Name of Hospital or Maternity Home: -
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home.....days.
   In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Washington (b) County Yakima
   (c) City Yakima
   (d) Street Address or R.F.D. No. 1019 N. 2nd St.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.
   (f) Mother's mailing address 1019 N. 2nd Street

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Asa Leroy Van Vleck

5. Date of Birth (Month, day, year) January 13, 1893

6. Sex. M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Henry Van Vleck
11. Color or Race White
12. Age at time of THIS birth.....yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Frances Hards
17. Color or Race White
18. Age at time of THIS birth 20 years
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum X
23. Number of children of this mother: (a) At time of birth and including this child X (b) Born alive and now living 1
    (c) Born alive and now dead / (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Jan 8 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Agnes VanVleck, being first duly sworn, say that I am related to (Related to (or) acquainted with) Asa Leroy Van Vleck (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Hymas (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Agnes F Van Vleck Name
1019 N. 2nd Street P. O. Address

Subscribed and sworn to before me on this 29th day of November, 1940

(SEAL) Kathryn Jardon Notary Public, residing at Yakima, Washington

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 20, 1941. E.W.

165713-036-793 REC

United States
Department of Commerce
Bureau of the Census

JAN

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304560
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Oneida (b) City Malad
(c) Street Address or R F D No. Idaho
(d) Name of Hospital or Maternity Home:
Born at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 45 yrs.
(f) Mother's mailing address Deceased

3. **RESIDENCE OF FATHER** (city, state) Utah

4. **FULL NAME OF CHILD** Benjamin David Jones Jr.

5. Date of Birth (Month, day, year) June 13th, 1893

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamino David Jones

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Willard (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Claudia Richards

17. Color or Race White

18. Age at time of THIS birth 29 years

19. Birthplace Brigham City (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 5

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ½ M. on the date and at the place stated above, and that personal particulars were furnished by ½ Mrs. Ewen Jones (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) Jan. 8, 1941 (Date received) (b) Clyde Bridger, Acting (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

27. Given name added on.....by.....(Registrar's signature)

State of California }
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ½ Mrs. Ewen Jones, being first duly sworn, say that I am Aunt (Related to (or) acquainted with)
(Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Ann Jones (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Ewen Jones Name
Malad Idaho P. O. Address

Subscribed and sworn to before me on this 31st day of December 1940

(SEAL) H. Gretchen Notary Public, residing at In and for the County of Los Angeles, State of California.

My Commission Expires October 25, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867131029453 RECEIVED

United States Department of Commerce
Bureau of the Census

JAN 15 19

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304722
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Mt. Cove
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Mt Cove
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Leroy Aubrey Hopkins
5. Date of Birth (Month, day, year) Jan. 31. 1893
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Lafayette Hopkins
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Tecumseh (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Ellen McCown
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Willamette Valley (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) 1/22/41 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

George Marvin Hopkins, being first duly sworn, say that I am Related by (Related to (or) acquainted with) Leroy Aubrey Hopkins (Name of person on certificate above) as Brother uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mekeans (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George Marvin Hopkins Signature

P. O. Address

Subscribed and sworn to before me on this 9 day of Jan., 19 41

(SEAL)

Notary Public, residing at CENTRALIA, WASH.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/22/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

731 228 014 485

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 10 years 0 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Emmett, Idaho

3. **RESIDENCE of FATHER** (city, state) Emmett, Ida

4. **FULL NAME OF CHILD** Ethel Alma Glass

5. Date of Birth (Month, day, year) October 28, 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John A. Glass

11. Color or Race white

12. Age at time of THIS birth 45 yrs.

13. Birthplace Ellsworth, Wisconsin (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD Myers

16. **FULL MAIDEN NAME** Evaline R[illegible]

17. Color or Race white

18. Age at time of THIS birth 38 yrs.

19. Birthplace Lickingville, Pennsylvania (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3 (c) Born alive and now dead 4 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan. 25, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Carrie Knox, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ethel Alma Glass (Name of person on certificate above) as Cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Hattie Oakes (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Carrie Knox Signature

Emmett, Idaho R. 2 P. O. Address

Subscribed and sworn to before me on this 1st day of January 1944

(SEAL) Margaret Smoke Notary Public, residing at Emmett, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/25/41 L. R.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

302786

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 10 years 0 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state). Emmett, Idaho

4. **FULL NAME OF CHILD** Ethel Alma Glass

5. Date of Birth (Month, day, year) October 28, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John A. Glass
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Ellsworth, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evaline Myers
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Lickingville, (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Seven (b) Born alive and now living 5
    (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carrie Knox, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ethel Alma Glass (Name of person on certificate above) as Cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Hattie Oakes (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Carrie Knox Signature

Emmett Ida P. O. Address

Subscribed and sworn to before me on this 17TH day of FEBRUARY, 1941

(SEAL) Margaret Smoke Notary Public, residing at EMMETT, IDAHO

MY COMMISSION EXPIRES OCT. 13, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

F93-212 · 004-759

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304807
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Montpelier

3. **RESIDENCE OF FATHER** (city, state) Montpelier Ida

4. **FULL NAME OF CHILD** Mildred Amy Hillier

5. Date of Birth (Month, day, year) June 12-1893.

6. Sex. Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Thomas Hillier
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Croyden (City or town) England (State or foreign country)
14. Exact Occupation Carpenter + Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Elizabeth Perkins
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth P. Hillier (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JAN 18 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....
(D.O., Midwife, etc.)
and address Date

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Hannah Elizabeth Hillier, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Mildred Amy Hillier (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Annie Hillier (Name of attendant at birth), who attended said birth dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hannah Elizabeth Hillier Name
Salt Lake City, 1314 E. 17 So. Utah P. O. Address

Subscribed and sworn to before me on this 17th day of January 1941

(SEAL) Leda Seaman Notary Public, residing at Salt Lake City Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/24/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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363-113-044-434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 305915
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Near Cambridge, Idaho
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Born at parents residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City near Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address Deceased 1924

3. **RESIDENCE OF FATHER** (city, state) Deceased 1902

4. **FULL NAME OF CHILD** PERRY ALBERT COLE

5. Date of Birth (Month, day, year) March 13,1893

6. Sex. Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Taylor Cole
11. Color or Race White
12. Age at time of THIS birth 64 yrs.
13. Birthplace St. Louis, Missouri (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Miner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Lorraine McDowell
17. Color or Race White
18. Age at time of THIS birth 44 years
19. Birthplace Dubuque, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 7 (c) Born alive and now dead 6 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Nina Lee Nixon (First name) (Last name), who is related to this child as sister (Mother, etc.)

26. (a) JAN 20 1941 (Date received) (b) Clyde A. Bridger Acting Registrar's signature

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nina Lee Nixon, being first duly sworn, say that I am related to (Related to (or) acquainted with) PERRY ALBERT COLE (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. H. BROWN (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nina Lee Nixon (Nina Lee Nixon) Name
Brownlee, Oregon P. O. Address

Subscribed and sworn to before me on this 17th day of January 1940

(SEAL) X [illegible] Notary Public, residing at Cambridge, Idaho

My Commission expires:

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 3 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Jan. 30, 1941. E.M.

230-12-045-847

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 1 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306156
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Alturas (b) City Ketchum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Alturas
(c) City Ketchum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Daniel Conrad Stover

5. Date of Birth (Month, day, year) 9-21-'93

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Hanson Stover

11. Color or Race White

12. Age at time of THIS birth 43 yrs.

13. Birthplace Virginia, [redacted]
(City or town) (State or foreign country)

14. Exact Occupation Mining Engr.

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carabell Hughes Stover

17. Color or Race White

18. Age at time of THIS birth 39 yrs.

19. Birthplace Indiana
(City or town) (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 1 1941 (Date received) (b) Clyde A. Bridger, Acting (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of California
County of Santa Barbara } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Stover Knox, being first duly sworn, say that I am related to (Related to (or) acquainted with) Daniel Conrad Stover (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret Stover Knox Signature
1415 Olive St. Santa Barbara Calif. P. O. Address

Subscribed and sworn to before me on this 27 day of Jany 1941

(SEAL) Sidney A. McFarland Notary Public, residing at Santa Barbara Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Feb. 10, 1941. B.W.

614-109-030-439

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306185

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Douglas Waugh			2. Date Of Birth (month) (day) (year): November 9 1893	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Junction Lemhi	b. City or Town of Birth: Junction (now Leadore)	
FATHER	6. Full Name of Father: Alexander Church Waugh			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth McRea			9. State or Country of Mother's Birth: Nevada	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: William Douglas Waugh	11. Present Address of Registrant: Park Hotel Missoula, Montana	
NOTARY (Seal)	Subscribed and sworn to before me on: August 14 19 58		12. Signature of Notary: Harold J. Simonsen	13. Notary Commission expires: October 4 19 60	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Dec. 1, 1936
	Date of Birth: Nov. 9, 1893	Birth Place: Junction, now Leadore, Idaho	Full Name of Mother: Mary Elisabeth McRea	Name of Father: Alex Church Waugh	
SUPPORTING RECORD 2.	Type of Document: Marriage Record		By whom issued and signed: Beaverhead County, Montana	Date Issued: 5-27-58	Date Orig. Entry: Feb. 28, 1931
	Date of Birth: age 37	Birth Place: Leadore, Idaho	Full Name of Mother: Mary McRea	Name of Father: Alex Waugh	
SUPPORTING RECORD 3.	Type of Document: Lodge Record		By whom issued and signed: Rocky Mountain Lodge No. 5 I.O.O.F., Salmon, Idaho	Date Issued: 8-12-58	Date Orig. Entry: March 28, 1916
	Date of Birth: age 22	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: Aug. 26, 1958

FORM BH 56067

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

306185

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Junction
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home: Junction Hotel
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days. Own home
In **THIS** county 10 years - months - days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Montana (b) County Beaverhead
(c) City Dillon
(d) Street Address or R.F.D. No. 15 N.R.R.Ave
(e) How long has **MOTHER** lived in Idaho? 47 yrs.
(f) Mother's mailing address Same as above

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** William Douglas Waugh

5. Date of Birth (Month, day, year) Nov 9th, 1894

6. Sex. Male

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alexander Church Waugh

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Peoria (City or town) Ill. (State or foreign country)

14. Exact Occupation Railroading

15. Industry or Business And Hotel business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth McRea

17. Color or Race White

18. Age at time of THIS birth 23 years

19. Birthplace Austin (City or town) Nevada (State or foreign country)

20. Exact Occupation None

21. Industry or Business Hotel Business

22. Name prophylactic used ~~to prevent~~ Ophthalmia Neonatorum Boric Acid Solution.

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) FEB 4 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature** Deceased M.D. or Midwife (D.O., Midwife, etc.)
and address Date

State of Montana }
County of Beaverhead } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Elizabeth Mc Rea Waugh, being first duly sworn, say that I am related (Related to (or) acquainted with) Willian Douglas Waugh (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Jane Stephenson (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Mary Mc Rea Waugh Name
Dillon Mont. P. O. Address

Subscribed and sworn to before me on this 28th day of January 1941

(SEAL) ..... NOTARY PUBLIC for the State of Montana
Notary Public, residing at Dillon, Montana
Residing at Dillon, Montana

Certified copy issued 2-13-1941. dp

SEP 4 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

696-22-9-014-419

RECEIVED

FEB 7 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306276
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City x
(c) Street Address or R.F.D. No. x
(d) Name of Hospital or Maternity Home: family home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 2 years 7 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Star Idaho.

3. **RESIDENCE of FATHER** (city, state): Same.

4. **FULL NAME OF CHILD** Cora Elizabeth Frost

5. Date of Birth (Month, day, year) 1/29/1893.

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** General Price Frost
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace unknown (City or town) Arkansas. (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosena Martin
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Miller Co. Missouri. (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 7 1941 (Date received) (b) Elgie A Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosena Frost Blakley, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Cora Elizabeth Frost (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Young (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rosena Frost Blakley Signature
43 Sierra Pl. Sierra Madre Calif. P.O. Address

Subscribed and sworn to before me on this 3rd. day of February 1941.

(SEAL)

NOTARY PUBLIC In and for the County of Los Angeles, State of California

Notary Public, residing at Sierra Madre, Cal.

My Commission Expires February 5th, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 7 1966

2cc 2/19/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

F-19-115-016-343

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 10 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306301
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County CASSIA (b) City OAKLEY
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: NONE - AT HOME
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home X days.
   In **THIS** county 9 years 3 months 0 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State IDAHO (b) County CASSIA
   (c) City OAKLEY, IDAHO
   (d) Street Address or R.F.D. No. OAKLEY, IDAHO
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.
   (f) Mother's mailing address OAKLEY, IDAHO

3. **RESIDENCE of FATHER** (city, state) OAKLEY, IDAHO

4. **FULL NAME OF CHILD** HECTOR CALEB HAIGHT, JR.

5. Date of Birth (Month, day, year) June 19, 1893

6. Sex MALE

7. Twin or Triplet NONE

If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HECTOR CALEB HAIGHT, SR.
11. Color or Race WHITE
12. Age at time of THIS birth 23 yrs.
13. Birthplace FARMINGTON, UTAH (City or town) (State or foreign country)
14. Exact Occupation BANKER
15. Industry or Business BANKING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CLARA JOSEPHINE TUTTLE
17. Color or Race WHITE
18. Age at time of THIS birth 21 yrs.
19. Birthplace TOOELE, UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business SAME

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5 (c) Born alive and now dead 4 (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 10 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, CLARA J. HAIGHT, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) HECTOR CALEB HAIGHT, JR., as MOTHER (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that SARAH E. BATES (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Clara J. Haight Signature

OAKLEY, IDAHO P. O. Address

Subscribed and sworn to before me on this 7th day of February 1941

(SEAL) Harry Wright Notary Public, residing at Los Angeles, California

My Commission Expires May 22, 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

951-215-004-869

REC

United States
Department of Commerce
Bureau of the Census

FEB 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306412
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. 724 Clarkson
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. Star Rt.
(e) How long has **MOTHER** lived in Idaho? 69 yrs.
(f) Mother's mailing address Caldwell, Idaho

3. **RESIDENCE of FATHER** (city, state): same

4. **FULL NAME OF CHILD** Dorothea Reagean

5. Date of Birth (Month, day, year) June 15, 1893

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse Reagean
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Frankfort, Indiana (City or town) (State or foreign country)
14. Exact Occupation Plumber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lettie Horrace
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Springville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 7 AM M. on the date and at the place stated above, and that personal particulars were furnished by Lettie Reagean (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 15 1941 (Date received) (b) Clyde A Bridges acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Wash. }
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Lettie Reagean, being first duly sworn, say that I am related (Related to (or) acquainted with) Dorothea Reagean (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Almira Horrace (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lettie Horrace Reagean Signature
8301-8 Ave S. Seattle Wash. Address

Subscribed and sworn to before me on this 13 day of Feb, 1941

(SEAL)

A Myers Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-139-016-791

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 15 1941

State File No. 306447
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Rock Creek
(c) Street Address or R F D No. Rock Creek, Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City Rock Creek Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ....yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) 1893

4. **FULL NAME OF CHILD** John Henry Jones
5. Date of Birth (Month, day, year) July 29th 1893
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy x
9. Legitimate? x

FATHER OF CHILD

10. **FULL NAME** William Henry Jones
11. Color or Race W
12. Age at time of THIS birth 34 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Stock Grower
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Wilmoth Gray
17. Color or Race W
18. Age at time of THIS birth 28 years
19. Birthplace Missoula (City or town) Montana (State or foreign country)
20. Exact Occupation Hswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by Cora McIntire (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) 2/13/41 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** Cora L McIntire M.D. or (D.O., Midwife, etc.)
and address Kimberly, Idaho Date

State of Idaho
County of Twin Falls, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora L McIntire, being first duly sworn, say that I am related (Related to (or) acquainted with) John Henry Jones (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs L.Hansen Midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Cora L McIntire Name
Kimberly, Idaho P. O. Address

Subscribed and sworn to before me on this 13th day of February 1941

(SEAL) [signature] Notary Public, residing at Twin Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/20/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113/13-006-249

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED FEB 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307632
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? six yrs.
(f) Mother's mailing address Idaho Falls, Idaho

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Theron Singleton Jackson

5. Date of Birth (Month, day, year) Feb. 13, 1893

6. Sex male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Singleton Jackson
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Liverpool, (City or town) England (State or foreign country)
14. Exact Occupation druggist
15. Industry or Business druggist

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Smith
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Lake City, (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ellen Jackson, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Theron Singleton Jackson, as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. G. W. Pendleton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Ellen Jackson Signature
Grangeville, Idaho. P. O. Address

Subscribed and sworn to before me on this 17th day of February, 19 41

(SEAL) Paul B. Eimers Notary Public, residing at Grangeville, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-288-029862

United States Department of Commerce Bureau of the Census

RECEIVED FEB 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

307665

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) ~~Street Address or~~ R F D No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) ~~Street Address or~~ R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address Moscow
3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Pearl May HiLL
5. Date of Birth (Month, day, year) Jan 28 1893
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Marion Francis Hill
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Union Ville (City or town) Nevada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leona May Hobart
17. Color or Race White
18. Age at time of THIS birth 16 years
19. Birthplace Fairbanks (City or town) Iowa (State or foreign country)
20. Exact Occupation HouseWife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That Mrs Mockle attended the birth of this child, who was born alive (born alive, ~~stillborn~~) at Moscow M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Addie Perry (First name) (Last name), who is related to this child as AUNT (Mother, etc.)

26. (a) Feb. 21, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington }
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Addie Perry, being first duly sworn, say that I am Related To (Related to (or) ~~acquainted with~~)
Pearl May HiLL (Name of person on certificate above) as AUNT (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mockle (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) ~~cannot be located~~) and that this birth **has not been previously recorded.**

Mrs Addie Perry Name
Spokane wash. P. O. Address

Subscribed and sworn to before me on this 19 day of Feb 1941

(SEAL) J A Sanford Notary Public, residing at Spokane Wn

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/27/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-227.014-234

307728

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307728

Local Reg. No.

Reg. Dist. No.

MAR 7 1941

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Falk Store
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Falk Store
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? [illegible] yrs.
   (f) Mother's mailing address Falk Store, Ida

3. **RESIDENCE of FATHER** (city, state): Falk Store, Ida

4. **FULL NAME OF CHILD** Luvena Patton

5. Date of Birth (Month, day, year) Nov. 27, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Albert Patton
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Livestock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Ethel Stuart
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Falk Store Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st. (b) Born alive and now living. 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 7 1941 (Date received) (b) Clyde A Bridger (Registrar's signature)
Acting

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha E Patton, being first duly sworn, say that I am related (Related to (or) acquainted with) Bertha E Patton (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Lydston (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bertha E Patton Signature

Jerome. Idaho P. O. Address

Subscribed and sworn to before me on this 6 day of March 19 41

(SEAL) Fred L White Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/7/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-130-014-154

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307742
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: own home
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Emmett, Idaho

3. **RESIDENCE of FATHER** (city, state): Emmett, Ida.

4. **FULL NAME OF CHILD** Francis Wallis Tolles

5. Date of Birth (Month, day, year) Sept. 30, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Stone Tolles
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Cambridge, Massachusetts (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Rachel Anderson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace St. Louis, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ellen Rachel Tolles, being first duly sworn, say that I am related to (Related to (or) acquainted with) Francis Wallis Tolles (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hull (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ellen Rachel Tolles Signature
4230 Midvale Ave. Seattle, Wn. P. O. Address

Subscribed and sworn to before me on this 20 day of February, 19 41

(SEAL) Ann Ryan Notary Public, residing at Seattle

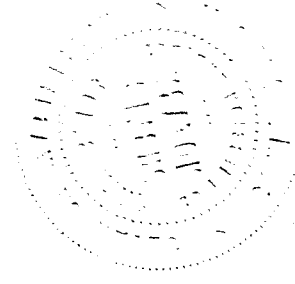
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



439-126.030-595

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 21 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307751
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Junction
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City Leadore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Leadore Ida
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** William Chester McRea
5. Date of Birth (Month, day, year) Nov 26 1893
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward McRea
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Austin (City or town) Nevada (State or foreign country)
14. Exact Occupation
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Katherine Vreeland
17. Color or Race white
18. Age at time of THIS birth 18 years
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Margaret McRea (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a).....(Date received) (b) Clyde A Bridger Acting (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature** deceased M.D. or Housewife (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret McRea, being first duly sworn, say that I am Mother (Related to (or) acquainted with) William Chester McRea (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....(Name of attendant at birth), who attended said birth.....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Margaret McRea Name
Leadore Ida P. O. Address

Subscribed and sworn to before me on this 30 day of January 1941

(SEAL) Mary V. Stone Notary Public, residing at Leadore Ida

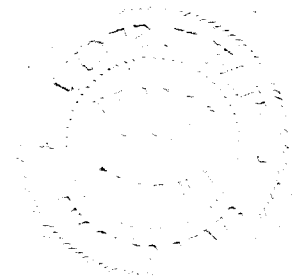
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 3/1/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



796-221-025-616

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

MAR 31 1941

(Be sure the information is as of date of birth of THIS child)

State File No. 307777

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH:**
   (a) County Idaho (b) City Mt. Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 3 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Mt. Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.
   (f) Mother's mailing address Mt. Idaho Ida

3. **RESIDENCE of FATHER** (city, state): Mt. Idaho - Ida

Born at home

4. **FULL NAME OF CHILD** Jessie Cecile Graves

5. Date of Birth (Month, day, year) July 21 - 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm. Clyde Graves
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Corvallis (City or town) Oregon (State or foreign country)
14. Exact Occupation Day Laborer + millwright
15. Industry or Business Laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iola Lauretta Hawley
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Near Philomath (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 31 1941 (Date received) (b) Maud Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Benton } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Iola Hawley Graves, being first duly sworn, say that I am related to Cecile Graves Cain (Related to (or) acquainted with) as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Nichol (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Iola Hawley Graves Signature

Alpine Oregon P. O. Address

Subscribed and sworn to before me on this 28th day of March 19 41

(SEAL)

J. H. Carpenter Notary Public, residing at

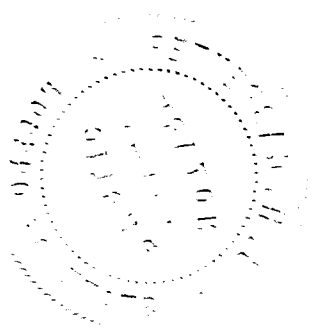
NOTARY PUBLIC

MY COMMISSION EXPIRES JULY 25, 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED FEB 25 1941

(Be sure the information is as of date of birth of THIS child)

State File No. 307777

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Idaho (b) City Mt. Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county / years / month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Mt Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.
   (f) Mother's mailing address Alpine, Oregon

3. **RESIDENCE of FATHER** (city, state): Same

4. **FULL NAME OF CHILD** Jessie Cecil Graves

5. Date of Birth (Month, day, year) 7-21-1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Clyde Graves
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Near Corvallis Oregon (City or town) (State or foreign country)
14. Exact Occupation Millwright
15. Industry or Business Laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iola Lauretta Hawley
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Near Corvallis Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 25 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Benton } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Iola Hawley Graves, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Jessie Cecil Cain (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Nichol (Name of attendant at birth), who attended said birth Deceased - or so we believe (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jessie Cecile Graves Cain Signature

Alpine - Oregon P. O. Address

Subscribed and sworn to before me on this 21st day of Feb., 19 41

(SEAL)

J. H. Carpenter Notary Public, residing at Monroe, Oreg

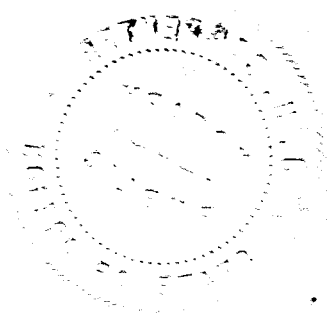
My commission expires ..... 1942.

cc 3/3/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



453-14-0036-543

308012

United States
Department of Commerce
Bureau of the Census

RECEIVED MAR 5 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Oneida (b) City Malad
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 2 days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address Malad

3. **RESIDENCE OF FATHER** (city, state) Malad

4. **FULL NAME OF CHILD** Charles Metcalf

5. Date of Birth (Month, day, year) Sept. 14 1893

6. Sex. male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Metcalf
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Brigham (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Nicholas
17. Color or Race white
18. Age at time of THIS birth 26 years
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) MAR 5 1941 (Date received) (b) Elyde A Bridge Acting (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MARTHA NICHOLAS being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles Metcalf (Name of person on certificate above) as aunt Martha Nicholas (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that doctor (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Martha Nicholas Name

Malad P. O. Address

Subscribed and sworn to before me on this 8 day of Feb, 1941.

(SEAL) Olga Stanley Notary Public, residing at Canyon, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-187004-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308085
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise City
(c) Street Address or R.F.D. No. on 7th Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 2 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise City
(d) Street Address or R.F.D. No. 7th
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address 625 Orange St.

3. **RESIDENCE of FATHER** (city, state) [redacted] Calif
deceased

4. **FULL NAME OF CHILD** Morrison Hubbel Weidman

5. Date of Birth (Month, day, year) June 17-1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry Weidman
11. Color or Race White
12. Age at time of THIS [redacted]th 32 yrs.
13. Birthplace unknown (City or town) Ohio (State or foreign country)
14. Exact Occupation Carpenter, cabinet maker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Chloa May Morrison
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Jewett (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Mar. 14 1941 (Date received) (b) Clyde A. Bridgar Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mamie Morrison, being first duly sworn, say that I am Aunt (Related to (or) acquainted with) (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Mamie Morrison Signature
Middleton P. O. Address

Subscribed and sworn to before me on this 1 day of March, 1941

(SEAL) Veruca Sedwick Notary Public, residing at Boise Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/15/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

119-1930-011-493
REG'T

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308150
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County (b) City East Fork
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County
(c) City East Fork
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address East Fork
3. **RESIDENCE of FATHER** (city, state) East Fork, Idaho

4. **FULL NAME OF CHILD** George ~~Alfred~~ Galbraith
5. Date of Birth (Month, day, year) July 30, 1893
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Galbraith
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace New Jersey (City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Miller
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Chicago (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

RECEIVED

26. (a) MAR 10 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jennie Legerin, being first duly sworn, say that I am related to (Related to (or) acquainted with) George ~~Alfred~~ Galbraith (Name of person on certificate above) aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Elizabeth Mills (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jennie Legerin Signature
1929 N.E. Clackamas Portland Oregon P.O. Address

Subscribed and sworn to before me on this 7th day of March, 1941

(SEAL) W. B. Cameron Notary Public, residing at Portland Or

my com expires 3/1/44

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

No. 337. GENERAL AFFIDAVIT Printed and for Sale by Franklin Printing Company, Portland, Ore. 250 189746

STATE OF OREGON,
County of Jackson } ss.

I, George Alfred Galbraith, being first duly sworn, depose and say that my true name is George Alfred Galbraith instead of George Arthur Galbraith which appeared on Birth Certificate No. 308150.

George Alfred Galbraith

Subscribed and sworn to before me this 14 day of April 1941

M. F. Edwards.
Notary Public for Oregon.

My Commission Expires .....

c.c. 4/23/41. w.h.

743-13-014-545

RECEIVED
MAR 10 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308167
Local Reg. No.
Reg. Dist. No. Canyon

Canyon

1. **PLACE OF BIRTH:**
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No. 3rd Ave. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: At home
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. 3rd Ave. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Wendell, Idaho.

3. **RESIDENCE of FATHER** (city, state): Road.

4. **FULL NAME OF CHILD** Gary Melvin Putnam

5. Date of Birth (Month, day, year) 8/13/93

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Edgar Putnam
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Madison Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Aurila Hunt
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Three Rivers Mich. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 10 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Payette } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, W. D. Case, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Gary Melvin Putnam (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stewart (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

W. D. Case Signature

Payette, Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of March, 1941

(SEAL) W. R. McClure Notary Public, residing at Payette, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/15/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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349-223-019-613

United States Department of Commerce
Bureau of the Census

RECEIVED MAR 12 1941

(Be sure the information is as of date of birth of THIS child)

State File No. 308259

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Custer (b) City Challis Bonanza
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years 6 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 4/ yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Margaret Oliver Turnbull Walker

5. Date of Birth (Month, day, year) Apr 23, 1893

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy —

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James William Turnbull

11. Color or Race White

12. Age at time of THIS birth Can't remember yrs.

13. Birthplace Leeds (City or town) Canada (State or foreign country)

14. Exact Occupation Butcher - Grocer

15. Industry or Business as this is only Factory & Store Mr. Gowan had a meat shop

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Waldeze

17. Color or Race White

18. Age at time of THIS birth Can't remember yrs.

19. Birthplace Ontario (City or town) Canada (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum — —

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4
(c) Born alive and now dead 3 (d) Stillborn — —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 3/12/41 (Date received) (b) Clyde A. Bridger (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Washington } ss.
County of King }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mary Turnbull Grimes, being first duly sworn, say that I am related to (Related to (or) acquainted with) Margaret O. Turnbull Walker (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Fortune - Med-nurse (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

(Mrs) Mary Turnbull Grimes Signature
5047-12th Ave N.E. Seattle Wash. Address

Subscribed and sworn to before me on this 10th day of March, 1941

(SEAL) Vera A Nelson Notary Public, residing at Seattle, Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

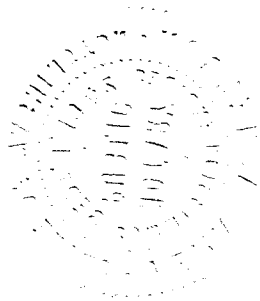
NOV 5 1956

3/18/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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369-112-0946-693

309452

United States Department of Commerce Bureau of the Census

RECEIVED MAR 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   In **THIS** county 21 years 11 months 5 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.
   (f) Mother's mailing address Weiser, Idaho

3. **RESIDENCE of FATHER** (city, state): Weiser, Idaho

4. **FULL NAME OF CHILD** Morris Williams Corbett

5. Date of Birth (Month, day, year) 8/12/1893

6. Sex Male

7. Twin or ~~Triplet~~ yes

If so—born 1st, 2nd, 3rd Second

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elmer K. Corbett
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Grass Valley (City or town) California (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Stock raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret A. Williams
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Platt County (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1 M. on the date and at the place stated above, and that personal particulars were furnished by Margaret A. Corbett (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAR 21 1941 (Date received) (b) Mabel V. Felder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature Joseph R. Numbers M.D. (D.O., Midwife, etc.)
and address Weiser Ida Date 3/22/41

State of Oregon
County of Yamhill } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret A. Corbett, being first duly sworn, say that I am related to (Related to (or) acquainted with) Morris Williams Corbett (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Numbers (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Margaret A Corbett Signature

McMinnville, Oregon P.O. Address

Subscribed and sworn to before me on this 19th day of March, 19 41

(SEAL) Edmund A. Duncan Notary Public, residing at McMinnville, Oreg.

My Commission expires December 1, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-114-017-769

RECEIVED

United States Department of Commerce
Bureau of the Census

MAR 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309557
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County KOOTENAI (b) City Lakeview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 4 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Lakeview
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Lakeview, Idaho

3. RESIDENCE of FATHER (city, state): Lakeview, Ida

4. FULL NAME OF CHILD JESSE RANDOLPH HADDON

5. Date of Birth (Month, day, year) Dec. 14, 1893

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mos.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME ELMER E. HADDON
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Carlysle (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME OZELIA G. PORTER
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Sac City (City or town) IOwa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 4
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 25 1941 (Date received) (b) Maud I Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature No attendant M.D. (D.O., Midwife, etc.)
and address Date

State of WASHINGTON
County of SKAGIT } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ELMER E. HADDON, being first duly sworn, say that I am related to (Related to (or) acquainted with) JESSE RANDOLPH HADDON (Name of person on certificate above) as his father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendant (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elmer E Haddon Signature

Anacortes, Wash., Rt. #1 P. O. Address

Subscribed and sworn to before me on this 24th day of March, 1941

(SEAL) Notary Public, residing at Anacortes.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



543-201-022-155

309567

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Thornton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
In **THIS** county 8 years ___ month ___ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Thornton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? [redacted] yrs.
(f) Mother's mailing address Rexburg Idaho
3. **RESIDENCE of FATHER** (city, state): deceased

4. **FULL NAME OF CHILD** Lovina Almeda Nichols
5. Date of Birth (Month, day, year) Aug. 1-1893
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alvin Willard Nichols
11. Color or Race American
12. Age at time of THIS birth 39 yrs.
13. Birthplace Kaysville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eve Susanah Jensen
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Brigham City, Utah (City or town) (State or foreign country)
20. Exact Occupation Living Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ___
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6
(c) Born alive and now dead 2 (d) Stillborn ___

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Mar. 25, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eva Susanah Jensen Nichols, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Lovina Almeda Nichols (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Conrad Watts (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

× Eva Susanah Jensen Nichols Signature
Rexburg, Idaho P. O. Address

Subscribed and sworn to before me on this 25th day of March, 19 41

(SEAL)

Eyfel Nichols Notary Public, residing at Rexburg, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

241-21-035-381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

APR 7 1941

309802

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:** (a) County Nez Perce (b) City Lewiston, Idaho
(c) Street Address or R F D No. 1
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. In **THIS** county 8 years 10 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address Kewaskum, Wis.

3. **RESIDENCE OF FATHER** (city, state) Both deceased Lewiston Ida

4. **FULL NAME OF CHILD** Fern Gladys Small

5. Date of Birth (Month, day, year) May 13-1893

6. Sex. Female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd)

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ira A. Small
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Ludlow (City or town) Maine (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Clara Chamberlain
17. Color or Race White
18. Age at time of THIS birth 35 years
19. Birthplace Portland (City or town) Ore (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Hungerford (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

26. (a) APR 7 1941 (Date received) (b) Mabel F. Feder (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Oregon
County of Multnomah } ss.

I, Mary S. Hungerford, being first duly sworn, say that I am Sister (Related to (or) acquainted with) of Fern S. Gage (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elva Brigham (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary S. Hungerford Name
7410 S.E. Division P. O. Address
Portland Oregon

Subscribed and sworn to before me on this 4 day of March, 1941

(SEAL) Rheinl L. Jones Notary Public, residing at Portland Oregon

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES 8-7-43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/19/41. wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-20116 37-596

309810

United States
Department of Commerce
Bureau of the Census

RECEIVED
APR 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No. 447
Reg. Dist. No. 995

1. **PLACE OF BIRTH:**
(a) County Owyhee (b) City Le Tamar
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 1 years ... months ... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City De Lamar
(d) Street Address or R.F.D. No. 0
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address 4747 Voltaire St. San Diego, Calif.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Ruth Happy Neal

5. Date of Birth (Month, day, year) March 1, 1893

6. Sex. Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harriel Neal
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace London, England (City or town) (State or foreign country)
14. Exact Occupation Railroad Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lilly Edith Hiot
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Cornwall England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother etc.)

26. (a) March 4, 1941 (Date received) (b) T. R. Leonard (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California }
County of San Diego } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lilly E. Neal, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ruth Happy Neal (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Cummins (Name of attendant at birth), who attended said birth, of Ruth Happy Neal (Is now deceased (or) cannot be located) is now deceased and that this birth has not been previously recorded.

Lilly E. Neal Name
4747 Voltaire St. P. O. Address
San Diego, Calif.

Subscribed and sworn to before me on this 28th day of February, 1941.

(SEAL) L. A. Voeltzel Notary Public, residing at San Diego, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

C. C. 4/11/1941 C. P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-128-040-295

RECEIVED

309860

United States Department of Commerce
Bureau of the Census

MAR 31 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Mullen
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county 12 years 8 month — days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullen
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address Mullen, Idaho

3. **RESIDENCE of FATHER** (city, state) Mullen, Idaho

4. **FULL NAME OF CHILD** Herbert Willis Bradley

5. Date of Birth (Month, day, year) March 28, 1893

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Willis Almie Bradley
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Madrid (City or town) New York (State or foreign country)
14. Exact Occupation Mill wright
15. Industry or Business Building

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bridget Brosnahan
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Hancock (City or town) Michigan (State or foreign country)
20. Exact Occupation School — (Tailoress 2 yrs.)
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living three (c) Born alive and now dead one (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 31 1941 (Date received) (b) Mary T. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Bridget Bradly being first duly sworn, say that I am Related to (Related to (or) acquainted with) Herbert Willis Bradley (Name of person on certificate above) mother. (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Hughes (Name of attendant at birth), who attended said birth Is Now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Bridget Bradly Signature
1315 So Van Ness Los Angeles P.O. Address

Subscribed and sworn to before me on this 27th day of March, 19 41 California

(SEAL) Lula Becker Notary Public, residing at Los Angeles, Cal.

My Commission Expires July 23, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated, when such report is accom-~~ panied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

599-117-022-954 ED

309871

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 4 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
   (a) County Fremont (b) City Dubois
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Dubois
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 11 yrs.
   (f) Mother's mailing address Dubois, Idaho

3. RESIDENCE of FATHER (city, state) Dubois, Ida

4. FULL NAME OF CHILD Clarence Erickson

5. Date of Birth (Month, day, year) Feb. 17, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Otto Erickson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Railroad Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebecca Redford
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Wellsville Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 4 1941 (Date received) (b) Mabel T Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rebecca Erickson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clarence Erickson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Yeamens (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Otto Erickson Signature

842 E. Clark., Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 3rd day of April, 1941

(SEAL) Anna Keefe Notary Public, residing at Pocatello, Idaho

Clerk of the District Court

4/16/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

416-22-7429-632

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 9 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309896
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 3 years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.
   (f) Mother's mailing address Moscow

3. **RESIDENCE of FATHER** (city, state) Moscow

4. **FULL NAME OF CHILD** Laura Josephine Dahlborg

5. Date of Birth (Month, day, year) Aug. 27, 1893

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank L. Dahlborg
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Berslaga, Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christenia ~~Dahlberg~~ Olson
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Vermland, Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes (c) Born alive and now dead no (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Apr. 9, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Christenia Dahlborg, being first duly sworn, say that I am related to (Related to (or) acquainted with) Laura Josephine Dahlborg (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Amanda Erickson (Name of attendant at birth), who attended said birth ill and cannot be had (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Christenia Dahlborg Signature

1104 Lynn Ave., Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of April, 19 41

(SEAL) W. Pittman Notary ~~Public~~ Probate Judge, residing at Moscow, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

194-108-029-165

309950

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

APR 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 10 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah Co
   (c) City Genesee
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.
   (f) Mother's mailing address Genesee

3. **RESIDENCE of FATHER** (city, state) Ida

4. **FULL NAME OF CHILD** Clyde Dewey Armstrong

5. Date of Birth (Month, day, year) Feb 8-1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Dexter Armstrong
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Centerville (City or town) Knox Co Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Johnston
17. Color or Race white
18. Age at time of THIS birth 43 yrs.
19. Birthplace Dallas Polk Co (City or town) Oregon (State or foreign country)
20. Exact Occupation Home keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 12 (c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at home M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Mabel McCarty (First name) (Last name) who is related to this child as Sister (Mother, etc.)

26. (a) APR 15 1941 (Date received) (b) Mabel T Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Mabel McCarty, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Clyde Dewey Armstrong (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Phoebe Wilson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Mabel McCarty Signature
Kellogg Ida P. O. Address

Subscribed and sworn to before me on this 14 day of Apr, 1941

(SEAL) Mary J Wilson Notary Public, residing at Wallace, Idaho

c.c. 4/21/41. W.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 309994

1. PLACE OF BIRTH
County of Boise
City of Near Roseberry.
No. ____ St.
(If born in hospital or institution give name)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Claude Leuval Marsh.

3. Sex male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature no Full term yes
7. Legitimate? yes
8. Date of birth Mar 4, 1893. (Month, Day, 193)

FATHER

9. Full name Robert Marsh.
10. Residence (usual place of abode) (If non-resident, give place and State) Long Valley Idaho.
11. Color or race white | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Lancashire England.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming
16. Date (month and year) last engaged in this work Sep 22 - 1893 19
17. Total time (years) spent in this work 7 years

MOTHER

18. Full maiden name Maria Sarah Elizabeth Nopp [redacted]
19. Residence (usual place of abode) (If non-resident, give place and State) Long Valley Idaho.
20. Color or race white | 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or Country) Salt Lake City Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work ____ 19
26. Total time (years) spent in this work 15 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None.
28. Number of children of this mother 5 Children (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 3 (c) Stillborn none.
29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____ (Date of)

Filed Apr. 21, 1941 193 Mabel F. Edder Registrar.

____ Registrar.

Mabel F. Edder

49-104-108-462

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Maria Sarah Elizabeth Allan Moss Marsh being first duly sworn says that she is the Mother (Relationship of child)* of Claude Duval Marsh born March 4, 1893 (Date of birth) at near Roseberry, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Claude Duval Marsh hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Keeney (wife of postmaster of Center postoffice) was the Midwife medical attendant at the birth of said Claude Duval Marsh and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Maria Marsh

P. O. Address 3008 Madison Street, Boise, Idaho

Subscribed and sworn to before me this 21st day of April, 19 41

James Martin, Jr.
Notary Public.

Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 8 1958

256-102. 046-219

RECEIVED

310024

United States Department of Commerce
Bureau of the Census

APR 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No Kellogg, Idaho.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 2 years 11 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. Kellogg, Idaho.
(e) How long has **MOTHER** lived in Idaho Approx 3 yrs.
(f) Mother's mailing address Kellogg, Idaho.

3. **RESIDENCE of FATHER** (city, state): Kellogg, Idaho

4. **FULL NAME OF CHILD** Harold Berness Knowlton

5. Date of Birth (Month, day, year) June 8 - 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Francis Willard Knowlton
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace St. Cloud, (City or town) Minnesota. (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Belle Bailey
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Middleville, (City or town) Minnesota. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr. 16, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie Belle Knowlton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Harold Berness Knowlton (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Conklin (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minnie Belle Knowlton Signature

2402-E-6th Avenue - Spokane, Washington. P. O. Address

Subscribed and sworn to before me on this 26 day of March, 19 41

(SEAL) J. A. Sanford Notary Public, residing at Spokane, Washington.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/23/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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665-16-007-239

RECEIVED
APR 1[illegible] 1941

310059

United States
Department of Commerce
Bureau of the Census

(All the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Corral
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 9 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Corral
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address.

3. **RESIDENCE of FATHER** (city, state): Corral, Ida

4. **FULL NAME OF CHILD** Albert Joseph Wondershek

5. Date of Birth (Month, day, year) Oct. 16, 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Wondershek
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Dubuque, Iowa (City or town) (State or foreign country)
14. Exact Occupation Ranching & mining
15. Industry or Business Ranching & mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Strinskey
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Dubuque, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 18-1941 (Date received) (b) Maird F Edler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie A. Wondershek, being first duly sworn, say that I am related to (Related to (or) acquainted with) Albert Joseph Wondershek (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the person (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minnie A Wondershek Signature

340 No. Occidental, Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me on this 5 day of April, 1941.

(SEAL) Jane Harrison Notary Public, residing at Los Angeles, Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/24/41. wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

310073

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 State File No. ____

Phim. Registration District No. ____ Local Registrar's No. 143

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Claude Richard Barnes

3. Sex Male | If plural births: 4. Twin, triplet, or other X X; 5. Number, in order of birth X | 6. ~~Premature~~ ____ Full term ✓ | 7. Legitimate? Yes | 8. Date of birth July 5, ~~193~~ 1893 (Month, Day, Year)

FATHER

9. Full name Richard Oliver Barnes
10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene Ida
11. Color or race White 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Santa Rosa Cali Sanoma Co.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this ~~work~~ ____

MOTHER

18. Full maiden name Mabel C. Schaner
19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene Ida
20. Color or race White 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or Country) Alexandria Minn.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) Ada Dead M. D.
or ____ Midwife
Address ____
Filed 4 16 41, 193 ____

Registrar. ____ Registrar.

WRITE PLAINLY—THIS IS A PERMANENT RECORD. No. ____ In case of more than one child at birth a Separate return must be made for each, and the number of each, in order of birth stated.

4/24/41 L. B.

21-4165-628-238

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Kootenai } ss.

Frances C. Patchen being first duly sworn says that

She is the Sister (Relationship of child)* of Claude Richard Barnes.

born July 5th 1893 (Date of birth) at Coeur d' Alene, Idaho,

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Claude Richard Barnes

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Elderkin, M. D., was the medical attendant at the birth of said Claude Richard Barnes and that the said medical attendant is Deceased, (Now deceased (~~or cannot be located~~))

Name of Affiant Frances C Patchen

P. O. Address 1014 - Fourth Street C. D'A. Ida.

Subscribed and sworn to before me this 10th day of March, 19 41

Notary Public.

Residing at Idaho.

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT COEUR D'ALENE, IDAHO
MY COMMISSION EXPIRES DEC. 20, 1941

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

1945

295-129004-236

310131

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 21 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: ~~In Hospital or Mat.~~ Home days.
In THIS county 1½ years 6 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Deceased yrs.
(f) Mother's mailing address Deceased
3. RESIDENCE of FATHER (city, state): Deceased

4. FULL NAME OF CHILD Carl Edward Bistel
5. Date of Birth (Month, day, year) Aug 29-1893
6. Sex Male
7. ~~Twin or~~ Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur E Bistel
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace S Bell Rock Iowa (City or town) (State or foreign country)
14. Exact Occupation Railway Engineer
15. Industry or Business Oregon-Short Line

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie ~~mar~~ Blowers
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Falls City - Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) April 21-1941 (Date received) (b) Mabel T Edler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of ~~Pierce~~ King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Inez a Rice, being first duly sworn, say that I am Related (Related to (or) acquainted with) Carl Edward Bistel (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hoover (Name of attendant at birth), who attended said birth Deceased, (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Inez a Rice Signature
Tacoma Wash. P. O. Address

Subscribed and sworn to before me on this 18th day of April, 1941

(SEAL) Charles H Graves Notary Public, residing at Seattle.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c/4/25/41. W.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845 102 029 385

311267

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

APR 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Nearest town Palouse, Wn.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.
(f) Mother's mailing address Palouse, Wash.

3. RESIDENCE of FATHER (city, state) Latah Co. Ida

4. FULL NAME OF CHILD Paul Lynd Hunter

5. Date of Birth (Month, day, year) January 2nd, 1893

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Miller Hunter
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Emerson (City or town) Iowa (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Celia Lynd
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Washington (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 24-1941 (Date received) (b) Maud Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California, County of Inyo. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frederick P. Hunter, being first duly sworn, say that I am related to Paul Lynd Hunter (Related to (or) acquainted with) as brother (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Williams (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frederick P. Hunter Signature

Sheepranch, California. P. O. Address

Subscribed and sworn to before me on this 21st day of April 1941.

(SEAL) Neage Frances Notary Public, residing at Independence, California.

c.c. 4/30/41. w.h. corrected 5/12/41. from Aff. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF CALIFORNIA,)
) SS
COUNTY OF INYO.)

I, FREDERICK P. HUNTER, being first duly sworn, say that I am related to PAUL LYND HUNTER, as brother, whose birth certificate is hereunto attached, and that I am the person who subscribed the affidavit annexed thereto; that said birth certificate contains one mistake, namely, that the correct date of birth of said PAUL LYND HUNTER is January 2nd, 1893, rather than January 22nd, 1893. That said certificate is correct in all other respects.

Frederick P. Hunter

Subscribed and sworn to before me
this 5th day of May, 1941.

Grace Francis

Notary Public in and for the County
of Inyo, State of California.

962718-014318

United States Department of Commerce
Bureau of Census

APR 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311350
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
(a) County Canyon (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month Home ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.
(f) Mother's mailing address 627 Clover Ave. Nampa Idaho

3. **RESIDENCE of FATHER** (city, state) Nampa Idaho

4. **FULL NAME OF CHILD** Frank Alin Roberts

5. Date of Birth (Month, day, year) 11/18/93

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred F Roberts
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Bradford Co. (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha O Taylor
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Bradford Co. (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living Yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 11 a M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN signature** Bertha O Roberts M.D. (D.O., Midwife, etc.) and address ..... Date

26. (a) Apr 28-1941 (Date received) (b) Mabel T Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of California
County of Los Angeles } ss.

I, Bertha O Taylor, being first duly sworn, say that I am mother (Related to (or) acquainted with) (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bertha O Taylor Roberts Signature
627 Clover Nampa Idaho P. O. Address

Subscribed and sworn to before me on this 24 day of April, 1941

(SEAL) Bertha O Roberts NOTARY PUBLIC Notary Public, residing at Pasadena Cal.

My Commission Expires March 31, 1942 In and for the County of Los Angeles, State of California

c.c. 5/5/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

651/23 007 651

United States
Department of Commerce
Bureau of Census

RECEIVED
APR 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311429
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Blaine (b) City Hailey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: at home
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 1 years 2 month 7 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address Hailey Idaho

3. **RESIDENCE of FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Myrt Edward Weaver.

5. Date of Birth (Month, day, year) April 23, 1893

6. Sex MALE.

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** Myrt Elmer Weaver.
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Lafayette Indiana (City or town) (State or foreign country)
14. Exact Occupation Barber.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene Harriet Weaver
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Brook Indiana (City or town) (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr. 30, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Lincoln } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Irene Harriett Weaver, being first duly sworn, say that I am related to (Related to (or) acquainted with) Myrt Edward Weaver (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Higgins (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Irene Harriet Weaver Signature

..... P. O. Address

Subscribed and sworn to before me on this 29th day of April, 1941.

(SEAL) Rose B. Haddock, Notary Public, residing at Gleanhone, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of Census

APR 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311431
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No. none
(d) Name of ~~Hospital~~ or ~~Maternity~~ Home: home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home — days. IN THIS county 9 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Bellevue

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD William Fredrick Dallimore DALLIMORE

5. Date of Birth (Month, day, year) Sept 14-1893

6. Sex boy male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Dallimore
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Pontypool, Monmouthshire Wales (City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Lee Cole
17. Color or Race White
18. Age at time of THIS birth 44 yrs
19. Birthplace Dartmoor, Devonshire England (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum nothing
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~alive~~ (born alive, stillborn) at 5 A M. on the date and at the place stated above, and that personal particulars were furnished by Agnes Lee Dallimore (First name) (Last name), who is related to this child as ~~mother~~ (Mother, etc.)

26. (a) Apr. 30, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dora Schmiedeberg, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Fredrick Dallimore (Name of person on certificate above) as his sister - 8 years older (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Sweet (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Dora Schmiedeberg Signature
1889 Fletcher Avenue, S. Pasadena P. O. Address

Subscribed and sworn to before me on this 24th day of April, 1941 California

(SEAL) Bruce P. Gigas Notary Public, residing at So. Pasadena, California

My Commission Expires November 19, 1944

5/7/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the~~ Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

292-15-029-231

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311432

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: ---
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home --- days.
In THIS county 6 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. ---
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address ---

3. RESIDENCE of FATHER (city, state): Moscow

4. FULL NAME OF CHILD LeRoy Emanuel Kistler

5. Date of Birth (Month, day, year) May 15, 1893

6. Sex male

7. Twin or Triplet- Twin

If so—born 1st, 2nd, 3rd 2 nd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Henry Kistler
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Redding, Penn. (City or town) (State or foreign country)
14. Exact Occupation owned and operated
15. Industry or Business a grocery store.

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Manetta Blacker
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Champaign County, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ___ (born alive, stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by ___ (First name) (Last name), who is related to this child as ___ (Mother, etc.)

26. (a) Feb. 17 1941 (Date received) (b) Mabel T. Keefer (Registrar's signature)

27. Given name added on ___ by ___ (Registrar's signature)

25. Attendant's OWN signature ___ M.D. (D.O., Midwife, etc.) and address ___ Date ___

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frances Manetta Kistler, being first duly sworn, say that I am related to (Related to (or) acquainted with) LeRoy Emanuel Kistler (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (don't remember) (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frances Manetta Kistler Signature

6816 C Rugby St., Huntington Park, Calif. P. O. Address

Subscribed and sworn to before me on this 2nd day of January, 1941

(SEAL) J. R. Wm Carlson Notary Public, residing at Huntington Park Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

292-115 029 231

RL

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311433
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ----------
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home --- days.
In **THIS** county 6 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. ----------
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address ----------

3. **RESIDENCE of FATHER** (city, state): Moscow

4. **FULL NAME OF CHILD** Raymond Henry Kistler

5. Date of Birth (Month, day, year) May 15, 1893

6. Sex male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 1 st

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Kistler
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Redding, Penn. (City or town) (State or foreign country)
14. Exact Occupation owned and operated
15. Industry or Business a grocery store.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Manetta Blacker
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Champaign County, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Apr. 30, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frances Manetta Kistler, being first duly sworn, say that I am related to (Related to (or) acquainted with) Raymond Henry Kistler (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (don't remember) (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Frances Manetta Kistler Signature

6816 C Rugby St, Huntington Park, Calif. P. O. Address

Subscribed and sworn to before me on this 2ND day of January, 1941

(SEAL) A. R. Morrison Notary Public, residing at Huntington Park Cal.

5/7/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-129-020-343

311464

United States Department of Commerce
Bureau of Census

MAY 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311464
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Elmore (b) City Mountain Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home X days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mountain Home
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? one yrs.
   (f) Mother's mailing address Mountain Home, Ida

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ray August Canaan

5. Date of Birth (Month, day, year) July 29, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jessie Parker Crampton Canaan
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Madison County Indiana (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Melissa Tucker
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Sullivan County Missouri (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12 Midnight M. on the date and at the place stated above, and that personal particulars were furnished by Mary M. Canaan (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) (Date received) (b) Mabel H Gilbert (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon } ss.
County of Deschutes }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary M. Canaan, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Ray August Canaan (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Mary M Canaan Signature

P. O. Address

Subscribed and sworn to before me on this 16th day of May, 1941

(SEAL) N. R. Gilbert Notary Public, residing at Bend Ore.

my comm expires July 20, 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

RECEIVED

United States Department of Commerce
Bureau of Census

MAY 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311464
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ✓ days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? One yrs.
(f) Mother's mailing address Mountain Home Ida

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** August Ray Canaan

5. Date of Birth (Month, day, year) July 29, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jessie Parker Crampton Canaan
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Madison County Indiana (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Melissa Tucker
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Sullivan County Missouri (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid Solution
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 12 Midnite M. on the date and at the place stated above, and that personal particulars were furnished by Mary M. Canaan (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) May 1 - 1941 (Date received) (b) Mabel F. Keeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon } ss.
County of Deschutes }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Mary M. Canaan, being first duly sworn, say that I am The Mother of (Related to (or) acquainted with)
August Ray Canaan (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Mary M. Canaan. Signature

P. O. Address

Subscribed and sworn to before me on this 31 day of April, 1941

(SEAL) M. R. Talbert Notary Public, residing at Bend Ore.

c.c. 5/7/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296.1141 022.85-1

311646

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Fremont (b) City Dubois
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home. Attended by Midwife.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 10 years NO month NO days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Clarence Hervey Brooke

5. Date of Birth (Month, day, year) 11/14/1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Hervey Brooke	16. FULL MAIDEN NAME Chalistia Deliah Yeaman
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 38 yrs.	18. Age at time of THIS birth 19 yrs.
13. Birthplace Baltimore, Maryland (City or town) (State or foreign country)	19. Birthplace Huntsville, Utah. (City or town) (State or foreign country)
14. Exact Occupation Printer	20. Exact Occupation Housewife
15. Industry or Business Printing.	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 12, 1941 (Date received) (b) Mary T Feeley (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Chalistia Deliah Hayworth, being first duly sworn, say that I am Mother (Related to (or) acquainted with) related (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Annie Cumming (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Chalistia Deliah Hayworth Signature

20744 Parthenia St. Canoga Park P. O. Address Cal.

Subscribed and sworn to before me on this 5th day of May, 1941

(SEAL) Otto R. Schmund Notary Public, residing at Canoga Park, Cal.

My Commission Expires February 13, 1944

c.c. 5/15/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893 231 006-293

311837

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311837
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. N.W. Main St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: At Family Res.
In Hosp. or Mat. Home ____ days. Bingham County
In **THIS** county ____ years ____ month 8 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. NW Main St.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address Blackfoot, Idaho

3. **RESIDENCE of FATHER** (city, state) Blackfoot, Idaho

4. **FULL NAME OF CHILD** Ruth Frances Hilliard

5. Date of Birth (Month, day, year) Jan. 31, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Forrester Hilliard
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Boston (City or town) Mass. (State or foreign country)
14. Exact Occupation Sign-writer & Painter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Bliss Bithell
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Ophir (City or town) Utah (State or foreign country)
20. Exact Occupation house-keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 17-1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Blackfoot } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura B. Hilliard, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ruth Frances Hilliard (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Behle (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Laura B. Hilliard Signature

Blackfoot, Idaho. P. O. Address

Subscribed and sworn to before me on May 5th day of May, 1941.

(SEAL) ____ Notary Public, residing at Blackfoot, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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311912 311912

United States
Department of Commerce
Bureau of the Census

MAY 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Oneida (b) City American Falls
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: None.
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address American Falls

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary Ruth Imlay

5. Date of Birth (Month, day, year) Sept. 11, 1893

6. Sex. Female

7. Twin or Triplet No.

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Franklin Imlay
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace St. Mary's Parrish, La. (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Alva Coffey
17. Color or Race White
18. Age at time of THIS birth 35 years
19. Birthplace Saginaw (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 19 1941 (Date received) (b) Mabel F Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nancy A Coffey Imlay, being first duly sworn, say that I am relative to (Related to (or) acquainted with) Mary Ruth Imlay (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary A. Coffey Imlay ..... Name

..... P. O. Address

Subscribed and sworn to before me on this 4th day of February, 1941

(SEAL) Dona Hardcastle ..... Notary Public, residing at Los Angeles, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/27/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-208025-243

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311930
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
(a) County Idaho (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 7 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Genesee Idaho

3. **RESIDENCE of FATHER** (city, state) Genesee

4. **FULL NAME OF CHILD** Matilda Catherine Stricker Brown

5. Date of Birth (Month, day, year) Jan 8 - 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Henry Stricker
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Terre Haute Ind (City or town) (State or foreign country)
14. Exact Occupation Threshing machine
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Kreiter
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Terre Haute Ind (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 19-1941 (Date received) (b) Mabel H Eckler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Henry Sprute, being first duly sworn, say that I am related (Related to (or) acquainted with) Matilda Catherine Stricker Brown (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that am Dr Ehlen (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Henry Sprute Signature
Cottonwood Ida P. O. Address

Subscribed and sworn to before me on this 7 day of May, 1941

(SEAL) Mike Nikbest Notary Public, residing Cottonwood Ida

c.c. 5/28/41. W.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-114-001-795

United States Department of Commerce
Bureau of Census

REC (Be sure the information is as of date of birth of THIS child)

MAY 22 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313054
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Ada (b) City Emmett
   (c) Street Address or R.F.D. No. Unknown
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 1 years 1 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Emmett
   (d) Street Address ~~or R.F.D. No.~~ Unknown
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.
   (f) Mother's mailing address Emmett

3. **RESIDENCE of FATHER** (city, state) Emmett Ida

4. **FULL NAME OF CHILD** Charles Thomas Campbell

5. Date of Birth (Month, day, year) 10-19-1893

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Francis Luther Campbell
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Thomas Hill, Missouri (City or town) (State or foreign country)
14. Exact Occupation School Teacher
15. Industry or Business Education

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hettie Venable Green
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Pierce City Missouri (City or town) (State or foreign country)
20. Exact Occupation Student.
21. Industry or Business Education

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Hettie V. Campbell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) May 22, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's ~~CHRIST signature~~ Francis L. Campbell Father (Hattie Oakes deceased) (M.D., Midwife, etc.)
and address Emmett Ida Date 10-19-1893

State of Missouri
County of Jasper } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Francis Luther Campbell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles Thomas Campbell (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Oakes (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Francis Luther Campbell Signature

Webb City, Missouri P. O. Address

Subscribed and sworn to before me on this 22 day of May 1941

(SEAL) O. W. Slater Notary Public, residing at Webb City Mo

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

344-104-029-414

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313160
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Latah (b) City Princeton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   IN **THIS** county ~~years~~ month 5 days 4

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Princeton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 mos. ~~9 yrs.~~
   (f) Mother's mailing address Princeton

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Elmer Rolan Cummins.

5. Date of Birth (Month, day, year) 12-4-1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Cummins
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Unknown (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriette Elizabeth Daily
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Canal (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 28, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Oregon
County of Marion } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harriette E. Cummins-Nauman, being first duly sworn, say that I am Related. (Related to (or) acquainted with) Elmer Rolan Cummins (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ed. Carson (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Harriette E Cummins-Nauman Signature

Mehama. Oregon P. O. Address

Subscribed and sworn to before me on this 27th day of May, 1941

(SEAL) Maxine Shelton Notary Public residing at Stayton, Oregon

My commission expires Oct. 27, 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-214-037-433

313226

United States Department of Commerce
Bureau of Census

RECEIVED JUN 2 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County OWyhwe
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Silver City

3. **RESIDENCE of FATHER** (city, state) Silver City

4. **FULL NAME OF CHILD** Dot Elma Ward

5. Date of Birth (Month, day, year) Feb. 14, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bertram Lemuel Ward
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Mauston (City or town) Wisconsin (State or foreign country)
14. Exact Occupation R Mail Carrier
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie May McCoy
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Warrensburg, Missouri (City or town) (State or foreign country)
20. Exact Occupation Clerk
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) June 2-1941 (Date received) (b) Mabel V. Keefer (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Oregon } ss.
County of Klamath }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Addie May McCoy Ward, being first duly sworn, say that I am the mother (Related to (or) acquainted with) (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Addie May McCoy Ward. Signature

3028 Boardman Ave. Klamath Falls, Ore. P. O. Address

Subscribed and sworn to before me on this 28th day of May, 1941

(SEAL)

NOTARY PUBLIC FOR OREGON Notary Public, residing at Klamath Falls, Or

MY COMMISSION EXPIRES JAN. 3, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/12/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813217-020-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313531

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Elmore (b) City Ranch near Mountain Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: X
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Ranch near Mountainhome
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Several yrs.
   (f) Mother's mailing address Mountainhome

3. **RESIDENCE of FATHER** (city, state): Same

4. **FULL NAME OF CHILD** Orill Ada Hall

5. Date of Birth (Month, day, year) Sept. 17, 1893

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Adin Mifflin Dallas Hall
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace New York State (City or town) (State or foreign country)
14. Exact Occupation Stock Raiser
15. Industry or Business Stock Grower

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Emmaline Burns
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Neosho (City or town) Missiouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 17-1941 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha E. Hall, being first duly sworn, say that I am related to (Related to (or) acquainted with) Orill Ada Hall (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bearby (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Martha E. Hall Signature

Glenns Ferry, Idaho P. O. Address

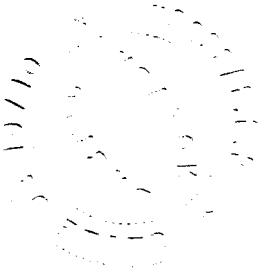
Subscribed and sworn to before me on this 4 day of June

(SEAL) C. S. Babcock Notary Public, residing at Glenns Ferry, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962-202 044-415

All Facts Must Be Entered As They Were On Date Of Birth Of This Child

1. PLACE OF BIRTH ~~SOUTH DAKOTA~~ IDAHO JUN 17 1941

County Washington Division of Vital Statistics State File No. 313545

Township ..... CERTIFICATE OF BIRTH County Reg. No. .....

City or Town Weiser (No. ..... St.)

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME OF CHILD Maud Elizabeth Roberts

(Please PRINT name in capitals)

3. Sex	If Plural Births	4. Twin, triplet, or other	5. Number in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, day, year)
f						3-2-1893

(PRINT) FATHER	(PRINT) MOTHER
9. Full name: Daniel Preston Roberts	16. Full maiden name: Sarah Jane Davidson
10. Residence At time of this birth: Weiser Ida	17. Residence At time of this birth: Weiser Ida.
11. Color or race: W	12. Age when this child was born: 32 years
	18. Color or race: W
	19. Age when this child was born: 23 (years)
13. Birthplace (city or place) (State or country): Macon, MO.	20. Birthplace (city or place) (State or country): Utah
Occupation 14. Trade, profession, or particular kind of work done, as farmer bookkeeper, etc.: Saloon Prop.	Occupation 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as factory, office, bank, etc.	22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.

23. Number of children of this mother (At time of this birth and including this child) 3 (a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that the birth of this child occurred on the date above stated, and that the facts as given are true to the best of my knowledge, information and belief.

*If not available, then either parent or elder member of family or household may sign certificate.

..... Signature of Attending Physician or Midwife, is Available*

Date ..... Address .....

Mabel H Keefer REGISTRAR

Date Received June 17, 1941 Address .....

(OVER)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made of each, and the number of each, in order of birth stated.

STATE OF South Dakota }
COUNTY OF Butte } ss.

I, Sarah Jane Roberts being first duly sworn on oath,

hereby certify that the facts pertaining to the birth of Maude Elizabeth Roberts

given on the reverse side are true and correct to the best of my knowledge.

Sarah Jane Roberts

Signature of Informant

Belle Fourche, S.Dak

Address

Subscribed and sworn to before me this 14 day of June, 1941

Myrtle C. Arnold

Notary Public

Clerk of Courts

386-225 003-395 RECEIVED

3 13 22 313620

United States
Department of Commerce
Bureau of the Census

JUN 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 2 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Mary Lyons

5. Date of Birth (Month, day, year) May 25-1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Con Lyons

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace County Cork Ireland
(City or town) (State or foreign country)

14. Exact Occupation Engineer

15. Industry or Business O S L R R

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Cremin

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace County Cork Ireland
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother, (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 8 9. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 18 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, JOHN FOLEY, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) MARY LYONS (Name of person on certificate above) as a life long acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. A. Castle (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John Foley Signature

Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 5th day of June 1941.

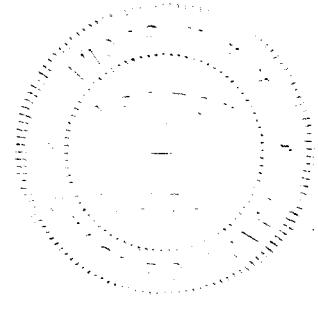
(SEAL) M Sneklone Notary Public, residing at Pocatello

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



393111 025 249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 20 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

314775

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Elk City
(c) Street Address or R F D No. General Delivery
(d) Name of Hospital or Maternity Home: none - at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 4 years 9 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City deceased
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** John Arden Litchfield

5. Date of Birth (Month, day, year) May 11, 1893

6. Sex male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Charles Litchfield
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Sheffield (City or town) England (State or foreign country)
14. Exact Occupation manufacturer
15. Industry or Business farmer at time of birth

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Smith
17. Color or Race white
18. Age at time of THIS birth 29 years
19. Birthplace San Francis (City or town) Cal (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JUN 20 1941 (Date received) (b) Mary M Keeler (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, J. C. Litchfield, being first duly sworn, say that I am related to (Related to (or) acquainted with) J. C. Litchfield (Name of person on certificate above) as a brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no doctor (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X J. C. Litchfield Name

Elk City, Idaho P. O. Address

Subscribed and sworn to before me on this 26 day of April, 1941

(SEAL)

Alice Lentz Notary Public, residing at Elk City, Idaho

commission expires July 23, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-226 029-599 VED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 20 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

314776

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:** (a) County Latah (b) City Moscow
(c) Street Address or R F D No. Lily St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. In **THIS** county.....years.....9.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these) (a) State Idaho (b) County Latah
(c) City Moscow (d) Street Address or R.F.D. No. Rfd 4
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Moscow Idaho
3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Cora Mabel Hansen
5. Date of Birth (Month, day, year) July 26 1893
6. Sex Female
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John L Hansen
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Mystad (City or town) Denmark (State or foreign country)
14. Exact Occupation Cement Worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Betsey Erickson
17. Color or Race White
18. Age at time of THIS birth 29 years
19. Birthplace Chicu (City or town) Norway (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child. first (b) Born alive and now living Six (c) Born alive and now dead. None Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 3 P. M. on the date (born alive, stillborn) and at the place stated above and that personal particulars were furnished by John Hansen who is (First name) (Last name) related to this child as Father. (Mother, etc.)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

26. (a) JUN 20 1941 (Date received) (b) Maud H Geeler (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

State of Idaho } ss.
County of Latah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John L Hansen, being first duly sworn, say that I am related (Related to (or) acquainted with)
Cora Mabel Hansen (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 130, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. A. Cook (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John L Hansen Name
Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of June, 1941

(SEAL) A Morgan Notary Public, residing at Moscow Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619 130 014912

314922

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 25 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 3 years 10 month 5 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. Canyon
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address Junction City, Ore.

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Merle Eugene Watrous

5. Date of Birth (Month, day, year) April 30 1893

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Eugene La Fayette Watrous

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Brantcenter N.Y. (City or town) (State or foreign country)

14. Exact Occupation Telegraph Operator

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie Rabin

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Arkwright N.Y. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead [illegible] (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 25 1941 (Date received) (b) Mary H Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Lane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nettie Watrous, being first duly sworn, say that I am Merle Eugene Watrous (Name of person on certificate above) as Mother (State relationship or acquaintance) (Related to ~~(or) acquainted with~~), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Can't recall name (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nettie Watrous Signature

Junction City, Oregon P. O. Address

Subscribed and sworn to before me on this 19 day of June 1941

(SEAL) M Patterson Notary Public for Oregon, Residing at Junction City Ore

My commission expires May 12, 1946

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6-7-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-22(-029-243 RECEIVED

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 3 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315201
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Moscow, Ida.

3. **RESIDENCE of FATHER** (city, state) Moscow, Ida.

4. **FULL NAME OF CHILD** Winifred Fern Paine

5. Date of Birth (Month, day, year) Feb 28th 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Henry Paine
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Monmouth (City or town) Illinois (State or foreign country)
14. Exact Occupation
15. Industry or Business Blacksmith Wagon maker Implements Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Medora Butler (Paine)
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Mapleton (City or town) Iowa (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 3 1941 (Date received) (b) Mabel Hedelund (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Michigan
County of Oakland } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Renore M. Belland, being first duly sworn, say that I am related to (Related to (or) acquainted with) Winifred Fern Paine (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Watkins (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Renore M. Belland Signature

111 Oneida Rd. Pontiac P. O. Address

Subscribed and sworn to before me on this 2 day of July 1941

(SEAL) Harry J. Pattison Notary Public residing Oakland County, Mich.

HARRY J. PATTISON
Notary Public, Oakland County, Mich.
My Commission Expires October 5, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

RECEIVED JUL 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Winifred Fern Paine

5. Date of Birth (Month, day, year) Feb. 28th 1893

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Paine
11. Color or Race White 12. Age at time of THIS birth 46 yrs.
13. Birthplace Monmouth (City or town) Illinois (State or foreign country)
14. Exact Occupation
15. Industry or Business Blacksmith-Wagonmaking Implements Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Medora Butler (Paine)
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Mapleton (City or town) Iowa (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Michigan
County of Oakland } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lenore M. Belland, being first duly sworn, say that I am related to (Related to (or) acquainted with) Winifred Fern Paine (Colored) (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Watkins (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lenore M. Belland Signature
111 Oneida Rd. Pontiac, Michigan R.D. Address

Subscribed and sworn to before me on this ..... day of July, 1941

(SEAL) Nancy J. Pattison

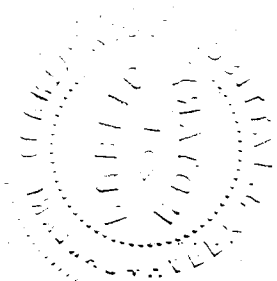
NANCY J. PATTISON, Notary Public, Oakland County, Mich.
My Commission Expires October 5, 1943

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



662-21-E 25-669

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

JUL 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 15323
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Clarkfork
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: RECEIVED
(e) Mother's stay **BEFORE** delivery: JUL 12 1941
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Clarkfork
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 months.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD** Tillie Foster
5. Date of Birth (Month, day, year) April 17, 1893
6. Sex female
7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Foster
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Bohemia (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Theresa Forester
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Bohemia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive ~~or stillborn~~) at 4 a. M. on the date and at the place stated above, and that personal particulars were furnished by Theresa Foster (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) July 22-1941 (Date received) (b) Maud H Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Theresa Foster, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Tillie Foster (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that my husband (Name of attendant at birth), who attended said birth is now living with me (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Theresa Foster Signature
1238 South Bonnie Beach P. O. Address

Subscribed and sworn to before me on this 10th day of July, 19 41

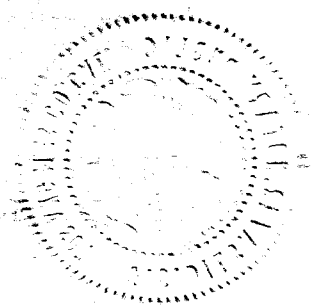
(SEAL) E C Weisaver Notary Public, residing at 4472 Whittier Blvd. Los Angeles, Calif.

My Commission Expires Oct. 24, 1943.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



53-031-0494-313

315356

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 12 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County ~~Adams~~ Washington (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county 30 years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Adams~~ Washington
(c) City Meadows
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address Meadows - Idaho

3. RESIDENCE of FATHER (city, state) Meadows - Ida.

4. FULL NAME OF CHILD Bertha Alice Clark

5. Date of Birth (Month, day, year) March 31 - 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George W. Clark
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Des Moines (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Vina Elizabeth Latham
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Quincy (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) July 12-1941 (Date received) (b) Mabel H Keeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Adams } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Vina E Clark, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Bertha Alice Clark (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Sherwood (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.

(is now deceased (or) cannot be located)

Vina E Clark Signature

New Meadows - Idaho Box 152 P. O. Address

Subscribed and sworn to before me on this 16 day of July 1941

(SEAL) Earl Johnson Notary Public, residing at New Meadows

7-17-4

SEP 7 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses ~~prescribed in Chapter 2, Title 38, Idaho~~ Code Annotated, ~~when such~~ report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/15-212-1004-245

315360

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County BEAR LAKE (b) City MONTPELIER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County BEAR LAKE
(c) City MONTPELIER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address MONTPELIER - IDAHO

3. **RESIDENCE of FATHER** (city, state) MONTPELIER IDAHO.

4. **FULL NAME OF CHILD** LILLIAN CATHERINE DAVIS

5. Date of Birth (Month, day, year) JUNE-12-1893

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** MORONI JEFFERSON DAVIS

11. Color or Race WHITE

12. Age at time of THIS birth 28 yrs.

13. Birthplace MONTPELIER IDAHO (City or town) (State or foreign country)

14. Exact Occupation CLERK

15. Industry or Business GENERAL MERCHANDISE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CATHERINE MAUD BRENNAN

17. Color or Race WHITE

18. Age at time of THIS birth 23 yrs.

19. Birthplace NEW YORK. (City or town) (State or foreign country)

20. Exact Occupation HOUSE WIFE.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 10 1941 (Date received) (b) Mabel H. Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, M. JEFFERSON DAVIS, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) LILLIAN CATHERINE DAVIS as FATHER (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. C. A. HOOVER, who attended (Name of attendant at birth) said birth IS NOW DECEASED and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

M. Jefferson Davis Signature

1940 St. Albans Rd., San Marino P. O. Address

Subscribed and sworn to before me on this 20th day of June, 1941

(SEAL)

B. A. Klutz Jr. Notary Public, residing at Alhambra, Calif.

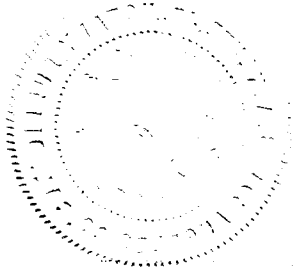
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



(0-32-227, 028-392

315393

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 7 1941 ED

State File No.
Local Reg. No. 234
Reg. Dist. No. 121

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Cougar Gulch
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 6-12 years ..... months ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Cougar Gulch
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address CDA

3. RESIDENCE of FATHER (city, state) CDA, Ida.

4. FULL NAME OF CHILD Hilda Marie Olson

5. Date of Birth (Month, day, year) Dec. 27. 1893

6. Sex Female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd --- 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lars John Olson
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Listul
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 30, 1941 (Date received) (b) A. L. Treacy M.D. (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Johanna Leinum, being first duly sworn, say that I am acquaintedwith (Related to (or) acquainted with) Hilda Marie Olson (Name of person on certificate above) as attending nurse (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 130, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Severina Olson Krone (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Johanna Leinum Signature
Coeur d'Alene, Idaho Rt. 1 P. O. Address

Subscribed and sworn to before me on this 30 day of June, 1941

(SEAL) Jas. A. Foster Clerk of the District Court
By Elsa M. Teil, Deputy
Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Wardner. Idaho.
No. ____ St. ____
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

315460

JUL 15 1941

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Maurice Flynn

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ✓
7. Legitimate? Yes
8. Date of birth May 18, 1893 (Month, Day, Year)

FATHER

9. Full name Edward F. Flynn
10. Residence (usual place of abode) (If non-resident, give place and State) Wardner Idaho
11. Color or race White
12. Age at last birthday 47 (years)
13. Birthplace (city or place) (State or Country) Maryland

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lead Mining
16. Date (month and year) last engaged in this work 1895, 19____
17. Total time (years) spent in this work 2 yrs

MOTHER

18. Full maiden name Mary A Thompson
19. Residence (usual place of abode) (If non-resident, give place and State) Wardner Idaho
20. Color or race White
21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or Country) Maryland

OCCUPATION
23. ~~Trade, profession, or particular kind~~ of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.
or ____, Midwife
Address ____

Filed JUL 15 1941, 193____ Mary H Eelen
Registrar.

Registrar.

Doctor Statehelle

312611

638-118 040-386

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Pennsylvania } ss.
County of Allegheny }

Edward F. Flynn & Mary Thompson Flynn being first duly sworn says that they are the Parents of Maurice Flynn
(Relationship of child)*

born May 18 1893 at Wardner, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that they desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Maurice Flynn hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Natchette M. D. was the ~~Midwife~~ medical attendant at the birth of said Maurice Flynn and that the said medical attendant is Now Deceased
(Now deceased (or) cannot be located)

Name of Affiant Edward F. Flynn Mary T. Flynn

P. O. Address 114 W. Virginia Ave Marshall Pa

Subscribed and sworn to before me this 13 day of February, 1940

RICHARD E. LLOYD NOTARY PUBLIC
MY COMMISSION EXPIRES

Richard E. Lloyd
Notary Public.

Residing at Marshall, Pa, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

7-18-41

419 116-029 419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315574
Local Reg. No.
Reg. Dist. No.

JUL 17 1941

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R F D No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho. (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 54 yrs.
(f) Mother's mailing address Moscow, Idaho.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Ida

4. **FULL NAME OF CHILD** Clyde Andrew Marsh

5. Date of Birth (Month, day, year) Nov. 16th, 1893

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm Marsh
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Waukeegan, Ill (City or town) (State or foreign country)
14. Exact Occupation Sheet Metal Worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Ellen Marsh
17. Color or Race White
18. Age at time of THIS birth 54 years
19. Birthplace Jamesport, Mo (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M., on the date and at the place stated above and that personal particulars were furnished by Gainford Mills (First name) (Last name), who is related to this child as Uncle (Mother, etc.)

26. (a) JUL 17 1941 (Date received) (b) Maud M Euler (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of.....
County of.....
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gainford Mills, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Clyde Andrew Marsh (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that H.B. Blake, Dr (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Clyde Andrew Marsh Name

324-N- Main St. Moscow, Idaho. P. O. Address

Subscribed and sworn to before me on this 15 day of July 1941

(SEAL) J. F. Kramer Notary Public, residing at Moscow Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/27/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315673
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No. 808 Idaho St.
(d) Name of Hospital or Maternity Home:
None- Born in parents home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home none days.
IN THIS county 8 years 8 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. 808 Idaho St.
(e) How long has MOTHER lived in Idaho? 23 8 mo. yrs.
(f) Mother's mailing address 808 Idaho St.

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Claire Afton Miller, now Claire Afton Leech

5. Date of Birth (Month, day year) Feb. 5, 1893.

6. Sex Female

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 7

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Morgan Miller
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Cherryvale, Tennessee (City or town) (State or foreign country)
14. Exact Occupation Advertising man with
15. Industry or Business Anaconda Standard of Anaconda, Montana

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Eathell Myers
17. Color or Race White
18. Age at time of THIS birth 23 yrs 8 mo.
19. Birthplace Red Warrior, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc)

26. (a) [illegible] (Date received) (b) Mavel Y Eelfer (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of California
County of Fresno } ss.

I, Mary Eathell Miller Mary Brown-Lewers formerly, being first duly sworn, say that I am related to (Related to (or) acquainted with) Claire Afton Miller, now Claire Afton Leech (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. L. C. Bowers (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Brown-Lewers formerly Mary Eathell Miller Signature

1375 Arthur Avenue, Fresno, Calif. P. O. Address

Subscribed and sworn to before me on this 15th day of July, 1941.

(SEAL) Douglas A. May Notary Public, residing at Fresno, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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523-124 029-296

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

JUL 24 1941

(Because the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316790
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D.No. Orchard Ave
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Moscow
(d) Street Address or R.F.D.No. Orchard Ave
(e) How long has MOTHER lived in Idaho? 49 yrs.
(f) Mother's mailing address as above

3. RESIDENCE of FATHER (city, state) unknown

4. FULL NAME OF CHILD Willis Angus Estes

5. Date of Birth (Month, day year) Nov 24, 1893

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Harvey Estes
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace do not know (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Addie Brown
17. Color or Race White
18. Age at time of THIS birth 21 yrs
19. Birthplace Keokuk County Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 24 1941 (Date received) (b) Maud Hazlett (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma A. Estes, being first duly sworn, say that I am related to (Related to (or) acquainted with) Willis Angus Estes (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Worthington (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma A. Estes Signature

MOSCOW, IDAHO P. O. Address

Subscribed and sworn to before me on this 22nd day of July, 1941

(SEAL) A M Eyard Notary Public, residing at MOSCOW, IDAHO

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

4/9-205-100/349 #316963

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 8 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316963
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No. 600 Bk. on Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 4 years 4 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. 600 Bk. on Ida.
(e) How long has MOTHER lived in Idaho? 4 (yrs.)
(f) Mother's mailing address 414 So. 11th St.

3. RESIDENCE of FATHER (city, state) Same (above)

4. FULL NAME OF CHILD Gladys Alta Marion

5. Date of Birth (Month, day year) Nov. 5, 1893

6. Sex Female

7. Twin or Trip'let

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Edward Marion
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Denver, (City or town) Colorado (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Currey
17. Color or Race White
18. Age at time of THIS birth 20 yrs
19. Birthplace Cleveland, (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn set of twins

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 8 1941 (Date received) (b) Mabel H Creeley (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Margaret Wertmen, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Gladys Alta Marion as the Mother (State relationship or acquaintance), whose birth certificate (Name of person on certificate above)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Coulson (Name of attendant at birth), who attended said birth deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Margaret Wertmen Signature
414 S. 11th St. Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of August, 1941

(SEAL) S. E. Baines Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

869-208:029-114

316991

United States Department of Commerce
Bureau of the Census

JUL 28 1941

(Be sure the information is as of date of birth of THIS child)

State File No. 316991

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Latah (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 17 years 3 month 27 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.
   (f) Mother's mailing address Garfield Latah

3. **RESIDENCE of FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Lucy Horton

5. Date of Birth (Month, day, year) Dec 8 - 1892

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Henry Horton
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Wayne Co. Tennessee (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jamesson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Searcy Co. Arkansas (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother; (a) At time of birth and including this child three (b) Born alive and now living first
    (c) Born alive and now dead two (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Horton (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUL 28 1941 (Date received) (b) Mary M Felder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Whatcom }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Horton, being first duly sworn, say that I am mother (Related to (or) acquainted with)
Lucy Nicolai (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Burden (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sarah Horton Signature

P. O. Address

Subscribed and sworn to before me on this 6th day of March, 1941

(SEAL) G. Johnson Notary Public, residing at Sanford

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-104044-419

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 1 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317101
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: 0
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 10 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Weiser, Idaho

3. **RESIDENCE of FATHER** (city, state) Weiser, Ida.

4. **FULL NAME OF CHILD** CURTIS WILLIAM BAIN

5. Date of Birth (Month, day year) Apr. 4, 1893

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ezra William Bain
11. Color or Race W
12. Age at time of THIS birth 23 yrs.
13. Birthplace Colony, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ava Rilla Darnall
17. Color or Race W
18. Age at time of THIS birth 20 yrs
19. Birthplace Fort Worth, Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0
23. Number of children of this mother: (a) At time of birth and ~~including this child~~ 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) AUG 1 1941 (Date received) (b) Marvel K Keeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ava Rilla Bain, being first duly sworn, say that I am the Mother of (Related to (or) acquainted with) Curtis William Bain (Name of person on certificate above) xsx (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. A. K. Kates (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ava Rilla Bain Signature
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of July, 1941

(SEAL) Margaret Vogel Notary Public, residing at Cambridge, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 7 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

669-122-005-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

AUG 1 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 317131
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? two yrs.
   (f) Mother's mailing address (For registration notice):
   Pocatello, Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, st Pocatello, Ida.

4. **FULL NAME OF CHILD** Oscar Wornek

5. Date of Birth (Month, day, year) May 22, 1893

6. Sex Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Milton Wornek

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Dubuque (City or Town) Iowa (State or foreign country)

14. Exact Occupation Carpenter Contractor

15. Industry or Business Carpenter Contractor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellura Belle Trenner

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Zanesville, Ohio (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ellura Belle Baker, who is
(First name) (Last name)
related to this child as Mother
(Mother, etc.)

County of Elko, State of Nevada.
Subscribed and sworn to before me, this 15th
day of July, 1941.

Notary Public
My commission expires Jan 16, 1945

25. Attendant's XXXXXXXX signature ..... M.D.
(P.G., Midwife, etc.)
and address ..... Date .....

26. (a) Aug 1 - 1941 (Date received) (b) Mabel H. Fuller (Registrar's signature)

27. Given name added on ..... by .....
(Registrar's signature)

819-104-017-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 1 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 317132
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County CLARK (b) City BEAVER CANYON
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county years 9 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County CLARK
(c) City BEAVER CANYON
(d) Street Address or R.F.D. No. X
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address BEAVER CANYON

3. **RESIDENCE OF FATHER** (city, state) BEAVER CANYON

4. **FULL NAME OF CHILD** CHARLES PARKMAN HARRIS JR.

5. Date of Birth (Month, day, year) SEPT. 4, 1893

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd NO

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CHARLES PARKMAN HARRIS
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace BOLTON, MISSISSIPPI (City or town) (State or foreign country)
14. Exact Occupation R. R. STATION AGENT
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EVELYN CRAGEY
17. Color or Race WHITE
18. Age at time of THIS birth DO NOT KNOW
19. Birthplace INDIANA (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was HAD NO DR. (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by C. P. HARRIS (First name) (Last name) who is related to this child as FATHER (Mother, etc.)

26. (a) Aug 9 - 1941 (Date received) (b) Mabel H Eller (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of Idaho }
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I Albert Harris, being first duly sworn, say that I am Uncle to Chas P Harris Jr (Related to (or) acquainted with) (Name of person or certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Albert Harris, Name

P. O. Address

Subscribed and sworn to before me on this 30 day of Sept 1941

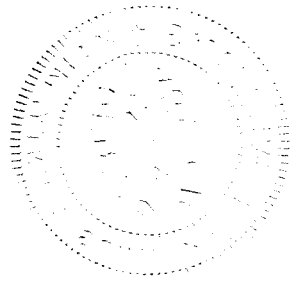
(SEAL) L. Williams Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



231-129-020-618

317279

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 12 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 317279
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Elmore (b) City Mayfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mayfield
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Vernal Elsmer Slater

5. Date of Birth (Month, day year) March 29, 1893

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oliver B Slater
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace West Point (City or town) Iowa (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella May Waymire
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Lima, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife & mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 12 1941 (Date received) (b) Maud M Edler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Elmore }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Claude R Slater, being first duly sworn, say that I am related (Related to (or) acquainted with) to Vernal Elsmer Slater (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that person in attendance (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Claude R Slater Signature
Mayfield, Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of August 19 41.
(SEAL) Robert M Sims Jr Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-230-028-869

317342

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Dover
(c) Street Address or R.F.D. No. Ranch near Dover
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 7 years month days

Kootenai AUG 15 1941

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Bonner~~ Kootenai
(c) City Dover
(d) Street Address or R.F.D. No. Ranch near Dover
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Sandpoint, Idaho

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Edna Irene Holton

5. Date of Birth (Month, day year) April 30, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Wellington Holton
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Kent County (City or town) Ontario (State or foreign country)
14. Exact Occupation Woodsman
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delia Amanda Horning
17. Color or Race white
18. Age at time of THIS birth 34 yrs
19. Birthplace Watson (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, ~~stillborn~~) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Delia (First name) Holton (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) AUG 15 1941 (Date received) (b) Mabel V. Ferguson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Delia Holton, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Edna Irene Holton (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ferguson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Delia Holton Signature

Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of August, 1941

(SEAL) Notary Public, residing at Sandpoint, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

255-22-0287

RECEIVED
AUG 9 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317401
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D.No. 214 No. Garfield
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years 8 month 19 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D.No. 214 N. Garfield
(e) How long has MOTHER lived in Idaho? 9 mo. yrs.
(f) Mother's mailing address Pocatello, Idaho

3. RESIDENCE of FATHER (city, state) Pocatello, I

4. FULL NAME OF CHILD RUTH KEENEY

5. Date of Birth (Month, day year) Sept. 24, 1893

6. Sex Female

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Updegraff Keeney
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Carlisle, Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Cattleman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Ann Kygar
17. Color or Race White
18. Age at time of THIS birth 24 yrs
19. Birthplace Oswego, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 9-1941 (Date received) (b) Mabel Y Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mattie Kygar Keeney, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Ruth Keeney (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Agnus MacMillan (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mattie Kygar Keeney Signature
408 So. 4th Ave. Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of August, 1941

(SEAL)

Leslie M White Notary Public, residing at Pocatello, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

25S-12W-003-287

317402

United States Department of Commerce
Bureau of Census

RECEIVED AUG 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D.No. 214 N. Garfield
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 0 years 8 month 19 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D.No. 214 N. Garfield
(e) How long has MOTHER lived in Idaho? 9 mo. yrs.
(f) Mother's mailing address Pocatello, Ida

3. RESIDENCE of FATHER (city, state) Pocatello,

4. FULL NAME OF CHILD RALPH KEENEY

5. Date of Birth (Month, day year) Sept. 24, 1893

6. Sex Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Updegraff Keeney
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Carlisle, Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Cattleman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Ann Kygar
17. Color or Race White
18. Age at time of THIS birth 24 yrs
19. Birthplace Oswego, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 9-1941 (Date received) (b) Mabel V. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mattie Kygar Keeney, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Ralph Keeney (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Agnus MacMillan (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mattie Kygar Keeney Signature
408 South 4th Ave. Pocatello Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of August, 1941

(SEAL) Leslie M. White Notary Public, residing at Pocatello, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-13-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

291 214001-185 #318902 **318902**

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP - 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D.No. 144 E. Idaho St.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE** of MOTHER (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D.No 144 E. Ida. St.
   (e) How long has **MOTHER** lived in Idaho? 2-3 yrs.
   (f) Mother's mailing address 208 Owyhee Blvd

3. **RESIDENCE** of FATHER (city, state) Deceased

4. **FULL NAME OF CHILD** Leola Faye Krall

5. Date of Birth (Month, day year) Nov. 14, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Krall Jr.
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lettie M. Ayers
17. Color or Race White
18. Age at time of THIS birth 23 yrs
19. Birthplace Middleton (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP - 6 1941 (Date received) (b) Maud Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lettie M. Clay, being first duly sworn, say that I am related to (Related to (or) acquainted with) Leola Faye Krall (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. George Collister (Name of attendant at birth) who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lettie M. Clay Signature

208 Owyhee Blvd - Boise P. O. Address

Subscribed and sworn to before me on this 6th day of Sept 1941.

(SEAL) Maud Keefer Notary Public, residing at Boise, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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318976

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 25 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318976

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blaine (b) City Bellevue Idaho
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: At Parents' Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue, Idaho
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address (Town) Moscow, Idaho

3. RESIDENCE of FATHER (city, state) Bellevue Idaho

4. FULL NAME OF CHILD Donald (Don) McCoy

5. Date of Birth Sep. 27, 1893 (Month, day year)

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes,

FATHER OF CHILD

10. **FULL NAME** John Bunyan McCoy
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace Marion (City or town) Illinois (State or foreign country)
14. Exact Occupation Miner When living
15. Industry or Business Mining.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Geneva Hall.
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Roseburg (City or town) Oregon (State or foreign country)
20. Exact Occupation Mother and housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 25 1941 (Date received) (b) Mabel T. Geller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Bernice McCoy, being first duly sworn, say that I am related to (Related to (or) acquainted with) Donald McCoy (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bernice McCoy Signature

Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 27 day of August 1941

(SEAL) Frank M. Stanton Notary Public, residing at Moscow Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-29-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

F 218-2030.22-165

United States Department of Commerce
Bureau of Census

AUG 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318995
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Jefferson (b) City Idaho
(c) Street Address or R.F.D.No. —
(d) Name of Hospital or Maternity Home: Residence home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Lemonville Fremont
(d) Street Address or R.F.D.No. —
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Lemonville Idaho Lemonville Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Myrtle Sayer

5. Date of Birth (Month, day year) Jan. 3. 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Alma Sayer
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Soddington, England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Jones
17. Color or Race White
18. Age at time of THIS birth 33 yrs
19. Birthplace Ogden Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG [illegible] (Date received) (b) Mabel H Geeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, O. R. Sayer, being first duly sworn, say that I am related (Related to (or) acquainted with) Myrtle Sayer (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Dalelle (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

O R Sayer Signature

544 D St Idaho Falls Ida P. O. Address

Subscribed and sworn to before me on this 19th day of August 19 41

(SEAL) Alys Eberlys Clerk of Probate Court residing at Idaho Falls, Ida

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of Census

AUG 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319010
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Owyhee (b) City Rickhouse
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home none days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Rickhouse
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? yrs.
   (f) Mother's mailing address none

3. **RESIDENCE of FATHER** (city, state) Rickhouse

4. **FULL NAME OF CHILD** Hoke Smith Blackstone

5. Date of Birth (Month, day, year) Jan. 21, 1893

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy normal

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** B. Blackstone
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Texas (City or town) (State or foreign country)
14. Exact Occupation ranchman
15. Industry or Business ranch

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Johnson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace (City or town) Tennessee (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 25 1941 (Date received) (b) Maud H. Calder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Nevada } ss.
County of Elko }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Grant Riddle, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Hoke Smith Blackstone (Name of person on certificate above) as personal friend (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Grant Riddle Signature

Owyhee Nevada P. O. Address

Subscribed and sworn to before me on this 19th day of July, 1941

(SEAL) James D. Holden Notary Public, residing at Owyhee Nevada

Commission expires 8-30-43

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Elsie Tholena Fulton

5. Date of Birth (Month, day year) April 23 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hugh Harrison Fulton

11. Color or Race White

12. Age at time of THIS birth 43 yrs.

13. Birthplace Strattonville Penn.
(City or town) (State or foreign country)

14. Exact Occupation Painter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Isabelle Myers

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Clarion Penn.
(City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business General House Keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Carrie Knox (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) AUG 27 1941 (Date received) (b) Mabel H Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Carrie Knox, being first duly sworn, say that I am related (Related to (or) acquainted with) Elsie Tholena Fulton (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Climer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

I Carrie Knot Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me on this 23rd day of August, 1941.
(SEAL) Margaret Smoke Notary Public, residing at Emmett, Idaho
My Commission expires Oct. 13, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9-3-44

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

456 118029 285

319089

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

AUG 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City near Moscow
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City near Moscow
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Moscow, Idah

4. FULL NAME OF CHILD CHARLES BENNETT DEW,

5. Date of Birth (Month, day year) Nov18/1893

6. Sex Male

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JAMES BENNETT DEW
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Hereford, (City or town) Herefordshire Eng; (State or foreign country)
14. Exact Occupation Farmer,
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME JANE SHEPHERD
17. Color or Race White,
18. Age at time of THIS birth 34 yrs
19. Birthplace X Aukland, (City or town) New Zealand. (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5X (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 26-1941 (Date received) (b) Mabel H Gilson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Canada,
County of Province of Alberta, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James Norris Dew, being first duly sworn, say that I am related to the said (Related to (or) acquainted with) Charles Bennett Dew (Name of person on certificate above) as his older brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James Norris Dew Signature
Carbon P. O. Address

Subscribed and sworn to before me on this 23 day of August 1941

(SEAL) L. Wales. Notary Public, residing at Vulcan, Alta.
Commissioner for Oaths

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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253/29028-251

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319112

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH

(a) County Bonner (b) City Newport

(c) Street Address or R.F.D. No. —

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 0 years 8 month 0 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner

(c) City Newport Kootenai

(d) Street Address or R.F.D. No. —

(e) How long has **MOTHER** lived in Idaho? 8 mo.

(f) Mother's mailing address Newport, Idaho

3. RESIDENCE of FATHER (city, state) Newport, Ida.

4. FULL NAME OF CHILD Edward Thomas Kelly

5. Date of Birth (Month, day year) Oct. 29-1893

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas John Kelly

11. Color or Race White **12.** Age at time of THIS birth 30 yrs.

13. Birthplace Preston, Minn. (City or town) (State or foreign country)

14. Exact Occupation Merchant

15. Industry or Business General merchandise

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Margaret Beard

17. Color or Race White **18.** Age at time of THIS birth 21 yrs.

19. Birthplace Tangent, Oregon (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) Aug 27-1941 (Date received) (b) Mathew Keller (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)

and address ..... Date

State of Washington } ss.
County of Snohomish }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Margaret Kelly, being first duly sworn, say that I am relate to (Related to (or) acquainted with) Edward Thomas Kelly (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Davis (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Margaret Kelly Signature

2210 Virginia, Everett, Wash. P. O. Address

Subscribed and sworn to before me on this 27th day of August 1941.

(SEAL) Phyllis M. Tompkins Notary Public, residing at Everett, Wash.

Snohomish Co. Dep. Auditor

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

893 107 014-632

319141

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD John Albert Hill

5. Date of Birth (Month, day year) 7/7/1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Hill

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Vislanda, Sweden (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Kristine Olsson

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Vislanda, Sweden (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) Aug 18 - 1941 (Date received) (b) Mary Felder (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Eva S. Anderson, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Albert Hill (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hall (Name of attendant at birth), who attended said birth ..... and that this birth **has not been previously recorded.**
(Is now deceased ~~(or) cannot be located~~)

Eva S. Anderson Signature

915 Hays St. Boise Idaho P. O. Address

Subscribed and sworn to before me on this 18 day of August, 1941.

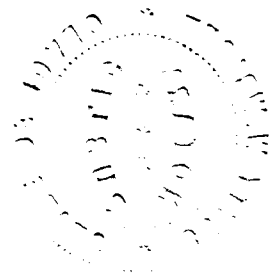
(SEAL) Betty M. Wright Notary Public, residing at Boise Idaho

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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319182

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 3 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home X days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Mountain Home

3. **RESIDENCE of FATHER** (city, state): Same

4. **FULL NAME OF CHILD** John Worthington Montgomery

5. Date of Birth (Month, day, year) Jan. 4, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Will Thomas Montgomery
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Orland (City or town) Calif. (State or foreign country)
14. Exact Occupation Sore Keeper
15. Industry or Business Storekeeper and Livestock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Ann Worthington
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Dubuque (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) SEP 3 1941 (Date received) (b) Mabel H Edlefsen (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of California
County of Tehama } ss.

I, Mrs. Elizabeth J. Coulter, being first duly sworn, say that I am Aunt related to (Related to (or) acquainted with) John Worthington Montgomery (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Shmidt (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) ~~cannot be located~~) and that this birth **has not been previously recorded.**

Mrs. Elizabeth J. Coulter Signature

Tehama, California P. O. Address

Subscribed and sworn to before me on this 21st day of August, 1941

(SEAL) Elsie Juhay Notary Public, residing at Red Bluff, Calif.

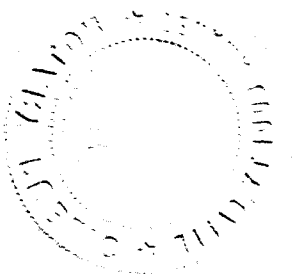


APR 1 0 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



231 105 028-318

319191

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP - 4 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 310
Local Reg. No.
Reg. Dist. No. 121

1. PLACE OF BIRTH
(a) County Kootenai (b) City Medimont
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Medimont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Stanley Slayter

5. Date of Birth (Month, day year) Dec. 5, 1893

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Walter Slayter

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Plymouth (City or town) Indiana (State or foreign country)

14. Exact Occupation Postmaster

15. Industry or Business Storekeeper

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Cahill

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Markesan (City or town) Wis. (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) September 2, 1941 (Date received) (b) H. Townsend M.D. (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Kootenai }

I, Myrtle Slayter Cole, being first duly sworn, say that I am related to (Related to (or) acquainted with) Stanley Slayter (Name of person on certificate above) as his Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Snider (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Myrtle Slayter Cole Signature
522 S. 11th, Coeur d'alene P. O. Address

Subscribed and sworn to before ~~me on~~ this 2 day of Sept, 1941

(SEAL) Jas. A. Foster Clerk of the District Court ~~Notary Public, residing at~~ By L. C. White Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Elmore
City of Mountain Home
No. ____ St. ____
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

319227

SEP 5 1941

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Lawrence William Mallison

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term ____	yes	June 16, 1893 (Month, Day, Year)

FATHER

9. Full name: Harry Cortland Mallison
10. Residence (usual place of abode) (If non-resident, give place and State): Boise, Idaho
11. Color or race: white | 12. Age at last birthday: 79 (years)
13. Birthplace (city or place) (State or Country): Hyde Park, Penna.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Implement and hardware.
16. Date (month and year) last engaged in this work: April, 1934
17. Total time (years) spent in this work: 32 yrs.

MOTHER

18. Full maiden name: Katherine E. White
19. Residence (usual place of abode) (If non-resident, give place and State): Boise, Idaho
20. Color or race: white | 21. Age at last birthday: 45 (years)
22. Birthplace (city or place) (State or Country): Winona, Minn.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____
25. Date (month and year) last engaged in this work: October, 1913
26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead none Stillborn none

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____ (Date of)

Filed SEP 5 1941, 193____

Registrar. Registrar.



6 1941

413 11 020-689

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Elmore } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nellie G. Helfrich being first duly sworn says that she is the Aunt (Relationship of child)* of Lawrence W. Mallison born June 16th, 1893 (Date of birth) at Mountain Home, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lawrence W. Mallison hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that William Smith, M. D., was the ~~Midwife~~ medical attendant at the birth of said Lawrence W. Mallison and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Nellie G. Helfrich

P. O. Address Mountain Home, Idaho

Subscribed and sworn to before me this 30th day of August, 19 41

Notary Public.

Residing at Elmore Co. Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

NOV 26 1941

339-12-1022-667

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 8 1941

State File No. 319281
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont Co (b) City Lewisville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Lewisville

4. FULL NAME OF CHILD Guy Clifford

5. Date of Birth (Month, day year) Dec 21 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Hyrum Clifford
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Providence Cache Valley Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Foxen
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Shepshed Lestershire Eng (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living 5 (c) Born alive and now dead none (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 2 A M. on the date and at the place stated above, and that personal particulars were furnished by Sarah A Clifford Jens (First name) (Last name) who is related to this child as Sister (Mother, etc.)

26. (a) SEP 8 1941 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Wyoming } ss.
County of Big Horn }

I, Sarah A Clifford Jensen, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Guy Clifford (Name of person on certificate above) as His Oldest Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Mas Fox (Name of attendant at birth), who attended said birth Is Now Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sarah A Clifford Jensen Signature

P. O. Address

Subscribed and sworn to before me on this 5 day of Sept 1941

(SEAL) P. J. Nelson Notary Public, residing at Burlington Wyo.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-210-001-381

319342

United States Department of Commerce Bureau of Census

SEP 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1312 No. Idaho St.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ——— days.
IN **THIS** county 2 2 years 7 month 8 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1312 No. Idaho St.
(e) How long has **MOTHER** lived in Idaho? 2 2 yrs.
(f) Mother's mailing address Boise, Idaho

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Winifred Fay Brown

5. Date of Birth (Month, day year) July 10, 1993

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Winfield Scott Brown

11. Color or Race White

12. Age at time of THIS birth 2 2 yrs.

13. Birthplace Milton (City or town) Oregon (State or foreign country)

14. Exact Occupation Printer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Maria Chamberlain

17. Color or Race White

18. Age at time of THIS birth 2 2 yrs.

19. Birthplace Boise (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ——— (born alive, stillborn) at ——— M. on the date and at the place stated above, and that personal particulars were furnished by ——— (First name) (Last name), who is related to this child as ——— (Mother, etc.)

26. (a) SEP 9 1941 (Date received) (b) Mina H. Eelder (Registrar's signature)

27. Given name added on ——— by ——— (Registrar's signature)

25. Attendant's **OWN** signature ——— M.D. (D.O., Midwife, etc.) and address ——— Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Ada }

I, Clara Maria Brown, being first duly sworn, say that I am Mother (Related to ~~(or) acquainted with~~) Winifred Fay Brown (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. George Gallister (Name of attendant at birth), who attended said birth is now deceased (Is now deceased ~~(or) cannot be located~~) and that this birth **has not been previously recorded.**

Clara Maria Brown Signature
1712 No. 23 St. Boise P. O. Address

Subscribed and sworn to before me on this 9 day of September 1941.

(SEAL)

Mildred E. Bailey Notary Public, residing at Boise Ida

Comm Exp 11-5-43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



655-102-035-231

319381

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 2 days. IN **THIS** county 6 years No month No days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez perce
(c) City Leland
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Leland Idaho.

3. RESIDENCE of FATHER (city, state) Leland Ida.

4. FULL NAME OF CHILD WILLFORD VERN. FENDER

5. Date of Birth (Month, day year) DEC. 2nd 1893

6. Sex MALE **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME WILLIAM NEWTON FENDER

11. Color or Race White **12.** Age at time of THIS birth 26 yrs.

13. Birthplace Guilville, Shasta Co. Calif. (City or town) (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business " " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Eunice a Bell Standiford

17. Color or Race White **18.** Age at time of THIS birth 28 yrs.

19. Birthplace Knoxville Knox Co. Ill. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business " " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn — no —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

26. (a) SEP 10 1941 (Date received) (b) (Mother, etc.) Maud H Fender (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, William Fender, being first duly sworn, say that I am related (Related to (or) acquainted with) Willford Vern Fender (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rockwell (Name of attendant at birth), who attended said birth Dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William Fender Signature

Lewiston 3 Ida. P. O. Address

Subscribed and sworn to before me on this 10 day of Sept. 1941

(SEAL) John L. Shelley Notary Public residing at Lewiston Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9-19-41.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319468
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise SEP 10 1941
(c) Street Address or R.F.D. No. Fort & 11th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Own home
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 11th & Fort St.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address 11th & Fort St.

3. RESIDENCE of FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Rolfe Thornhill Hastings

5. Date of Birth (Month, day year) Nov. 29th 1893

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Beasley Hastings

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace India (City or town) Foreign Country (State or foreign country)

14. Exact Occupation Mining Engineer

15. Industry or Business Profession

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Ross Brodhead

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Milford (City or town) Penna. (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) SEP 10 1941 (Date received) (b) Mary T. Keller (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of CALIFORNIA }
County of LOS ANGELES } ss.

I, LOUISE AVERY HASTINGS, being first duly sworn, say that I am related (Related to (or) acquainted with) ROLFE THORNHILL HASTINGS (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Colister (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Louise Avery Hastings Signature
520 No. Cahuenga Blvd. P. O. Address

Subscribed and sworn to before me on this 5th day of September, 1941

(SEAL) Paul P. Schneeberger Notary Public, residing at Los Angeles, Calif. Los Angeles County, Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793124047-231

United States Department of Commerce
Bureau of Census Logan

SEP 16 1941 (The supplied information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319490
Local Reg. No.
Reg. Dist. No. 410

1. **PLACE OF BIRTH**
(a) County ~~Blaine~~ (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Blaine~~ Logan
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address Bellevue, Idaho

3. **RESIDENCE of FATHER** (city, state) Bellevue, Idaho

4. **FULL NAME OF CHILD** Charles Eugene Gilman

5. Date of Birth (Month, day, year) 3-24-1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Walter Gilman
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Worcester (City or town) Massachusetts (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Elias Stamper
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Oswego (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argno3
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Fred Lee (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.) and address ____ Date

26. (a) 9-3-1941 (Date received) (b) Robert H. Wright (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

State of Idaho, County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Fred Lee, being first duly sworn, say that I am Related (Related to (or) acquainted with) Charles Eugene Gilman (Name of person on certificate above) sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1927 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Allen (Name of attendant at birth), who attended said birth Deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Fred Lee Signature

Hailey Idaho. P. O. Address

Subscribed and sworn to before me on this 16th day of September, 1941

(SEAL)

R. N. McCoy Notary Public, residing at Hailey, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-216 014-495

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319546

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Canyon (b) City Caldwell Idaho

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: None

(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon

(c) City Caldwell

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? yrs.

(f) Mother's mailing address Caldwell Ida

3. RESIDENCE of FATHER (city, state) Golden Ill

4. FULL NAME OF CHILD Georgia Irene Kimmel

5. Date of Birth (Month, day year) March 16, 1893

6. Sex Female

7. ~~Twin or~~ Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Orla Daniel Kimmel

11. Color or Race White

12. Age at time of THIS birth 23 yrs.

13. Birthplace Golden Ill (City or town) (State or foreign country)

14. Exact Occupation Clerking

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Maude Mikkelsen

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Clark Fork Idaho (City or town) (State or foreign country)

20. Exact Occupation Home wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) Sept 18-1941 (Date received) (b) Maine T. Golden (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)

and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Illinois } ss.
County of Union }

I, Orla Daniel Kimmel, being first duly sworn, say that I am father (Related to (or) acquainted with) of Georgia Irene Kimmel (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) ~~cannot be located~~) and that this birth **has not been previously recorded.**

Orla D. Kimmel Signature

Golden Ill P. O. Address

Subscribed and sworn to before me on this 30th day of August, 1941

(SEAL) O. D. Dellenbaugh Notary Public, residing at Golden Ill

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 16 1941

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319603

319603

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319603

Local Reg. No.

Reg. Dist. No.

SEP 24 1941

1. PLACE OF BIRTH

(a) County Bannock (b) City Soda Springs

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock

(c) City Soda Springs

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 25 yrs.

(f) Mother's mailing address Soda Springs

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Basil A. Womack

5. Date of Birth (Month, day year) Sept 29 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. **FULL NAME**	Franklin Pierce Womack	16. **FULL MAIDEN NAME**	Amy Sagers
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	45 yrs.	18. Age at time of THIS birth	28 yrs.
13. Birthplace (City or town)	Jackson (State or foreign country)	19. Birthplace (City or town)	Colorado (State or foreign country)
14. Exact Occupation	Carpenter	20. Exact Occupation	House Wife
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 29 1941 (Date received) (b) Mary H Eller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)

and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Ada }

I, Amy Florence, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Basil Womack (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dickson (Name of attendant at birth) who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Amy Florence Signature

2190 Warm Springs P. O. Address

Subscribed and sworn to before me on this 24 day of Sept 1941

(SEAL) S. L. Gill Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433 105 044-281

#319606

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 24 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319606
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Washington (b) City Weiser Ida.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: in her own home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Weiser Ida.

4. **FULL NAME OF CHILD** Oscar Thomas Utley

5. Date of Birth (Month, day, year) Jan. 5-1893

6. Sex Male

7. Twin ~~Triplet~~ If so—born (1st) 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Erastus Utley
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Mt. Vernon Ill. (City or town) (State or foreign country)
14. Exact Occupation Farming & Stock raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Robinson Shannon
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Beaver Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10:30 P M. on the date and at the place stated above, and that personal particulars were furnished by Mabel Carskadon (First name) (Last name) who is related to this child as Sister (Mother, etc.)

26. (a) SEP 24 1941 (Date received) (b) Mabel H Eelder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mabel Carskadon, being first duly sworn, say that I am a sister (Related to (or) acquainted with) of Oscar Thomas Utley (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws and that the facts contained therein are true to the best of my knowledge. I further state that Martha Utley (mid-wife) (Name of attendant at birth) who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mabel Carskadon Signature

..... P. O. Address

Subscribed and sworn to before me on this 22nd day of July 1941

(SEAL) M Byrd Notary Public, residing at Portland, Ore.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-101 004 651

319711

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH SEP 17 1941
(a) County Bear Lake (b) City Bennington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 16 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bennington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address Bennington Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD James Moroni Birch

5. Date of Birth (Month, day year) Aug. 1-1893

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Washington Birch
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Cleveland (City or town) Ohio (State or foreign country)
14. Exact Occupation Ranching & Farming
15. Industry or Business Ranch

MOTHER OF CHILD

16. FULL MAIDEN NAME Elminia Weaver
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Millville (City or town) Utah (State or foreign country)
20. Exact Occupation Wife & Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 17 1941 (Date received) (b) Mabel V. Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Fremont }

I, Rachel Birch Mitchell being first duly sworn, say that I am Related & (Related to (or) acquainted with) James Moroni Birch (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hoover (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rachel Birch Mitchell Signature
St Anthony Idaho P. O. Address

Subscribed and sworn to before me on this 12 day of Sept, 1941.

(SEAL) O. R. Meservy Notary Public, residing at Probate Judge

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313112-028-464

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 5 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319763
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Bonnersferry
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
at home of Grandfather Edwin Doust.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years 3 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address 214 Middle Road.

3. RESIDENCE of FATHER (city, state) Dover. NH

4. FULL NAME OF CHILD Edwin Doust Calcutt.

5. Date of Birth (Month, day year) June 12. 1893.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME John Bishop Calcutt.
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace London (City or town) England. (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Jane Doust.
17. Color or Race White
18. Age at time of THIS birth 23 yrs
19. Birthplace Rye. Sussex (City or town) England (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 6 ✓ 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date Physician who attended birth has passed on. and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 5 1941 (Date received) (b) Maud E Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Idaho }
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eliza J. Calcutt, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Edwin Doust Calcutt (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eliza J Calcutt Signature

P. O. Address

Subscribed and sworn to before me on this 31st day of July, 1941

(SEAL) Bernard O. O'Kane Notary Public, residing at Dover, N.H.

MAR 3 196

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

293-120-044-313

320943

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 10 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Salubria
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Walter William Ketchum

5. Date of Birth (Month, day year) Sept 20th 1893.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Harrison Ketchum
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Nashville (City or town) Tenn. (State or foreign country)
14. Exact Occupation Carpenter & Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Linn Caldwell
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Springfield (City or town) Ills. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 10 1941 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Baker } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, J. F. Ketchum, being first duly sworn say that I am Brother (Related to (or) acquainted with) Walter William Ketchum (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1907 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. S. M. C. Reynolds, who attended said birth (Name of attendant at birth) is now deceased (Is now deceased (or) cannot be located) and ~~that this birth~~ has not been previously recorded.

J. F. Ketchum Signature

Whitney Oregon P. O. Address

Subscribed and sworn to before me this 8th day of September, 19 41

(SEAL) Notary Public, residing at Baker Or.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249 103 029-364

321056

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 24 1941

1. PLACE OF BIRTH:
(a) County Latah (b) City or Town Near Palouse, Wash.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years 8 month 10 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Palouse Washington
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Palouse, Washington.

3. RESIDENCE of FATHER (city, s... Palouse, Wash.

4. FULL NAME OF CHILD Ernest Ray Smith

5. Date of Birth (Month, day, year) June 8, 1893

6. Sex Male

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Simeon Smith
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Sidney, (City or town) Iowa. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Emeline Comer
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace (City or town) Edgar County, Ill. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn One

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 24 1941 (Date received) (b) Maud H Felper (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of XXXXXX Washington
County of XXXXXX Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles Simeon Smith, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ernest Ray Smith (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Breeding (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles Simeon Smith Signature
Princeton, Idaho. P. O. Address

Subscribed and sworn to before me on this 15th day of Sept., 1941

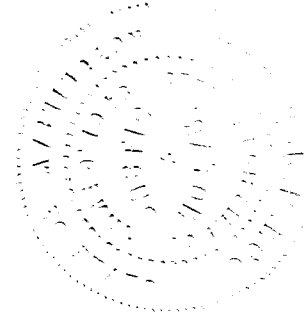
(SEAL) Don M. Johnson Notary Public, residing at Garfield, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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321222 321222

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Garfield r.D. 5/8.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Pocatello
(d) Street Address or R.F.D. No. Garfield r.D. 5/8
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD Rozella Merle Williams

5. Date of Birth (Month, day year) Aug. 13, 1893

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Lincoln Baker Williams

11. Color or Race White **12.** Age at time of THIS birth 31 yrs.

13. Birthplace Harris, Ohio (City or town) (State or foreign country)

14. Exact Occupation Cashier - U.P. Ry.

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary E. Gray

17. Color or Race White **18.** Age at time of THIS birth 23 yrs.

19. Birthplace Star, Idaho (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 2 1941 (Date received) (b) Maud Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho, County of Ada. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Amanda E. Wakeman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Rozella Merle Williams (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor (Name of attendant at birth), who attended said birth is unknown (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Amanda E. Wakeman Signature

1417 N. 5th St., Boise, Idaho. P. O. Address

Subscribed and sworn to before me on this 2d day of October 19 41.

(SEAL) Vernon Jones Notary Public, residing at Boise, Idaho.

My commission expires Jan. 20, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 0 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493 216 008 813

321240

321240

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Boise (b) City Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Nellie Ruth Miller

5. Date of Birth (Month, day year) Feb. 16, 1893

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edgar Holt Miller

11. Color or Race white

12. Age at time of THIS birth 34 yrs.

13. Birthplace Pittsville (City or town) Missouri (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Jane Hall

17. Color or Race

18. Age at time of THIS birth 25 yrs.

19. Birthplace Baldwin (City or town) Kansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Oct 13-1941 (Date received) (b) Mattie H. Fielder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ellen Jane Miller, being first duly sworn, say that I am related to (Related to (or) acquainted with) Nellie Ruth Miller (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Von Harton (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ellen Jane Miller Signature

1511 N Rt The Dalles Oregon P. O. Address

Subscribed and sworn to before me on this 11th day of October 1941

(SEAL) Myrna L. Brewer Notary Public, residing at Dalles

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

749 110 028 463

321394

United States
Department of Commerce
Bureau of Census

OCT 8 1941 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenay (b) City Clark Forks
(c) Street Address or R.F.D.No. Clark Forks. P.O.
(d) Name of Hospital or Maternity Home
Born in parents home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 20 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenay
(c) City Clark Forks
(d) Street Address or R.F.D.No. Clark Forks P.O.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Clark Forks

3. RESIDENCE of FATHER (city, state) Clark Forks, Ida.

4. FULL NAME OF CHILD Maurice Joseph Burk

5. Date of Birth (Month, day year) December 10, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Dennis Burk
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Hastings (City or town) Minnesota (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Woodsman

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Lavine Dolan
17. Color or Race White
18. Age at time of THIS birth 20 yrs
19. Birthplace Sleepeye (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 6 1941 (Date received) (b) Mabel V. Eells (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Ellen Burk, being first duly sworn, say that I am the related to (Related to (or) acquainted with)
Maurice Joseph Burk as mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Margaret Dolan who attended
(Name of attendant at birth)
said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mrs Ellen Burk Signature
419 S Fiske St Spokane P. O. Address

Subscribed and sworn to before me on this 8th day of October, 1941 Wn

(SEAL) Signe M Peterson Notary Public, residing at Spokane Wash

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

377-230235-693

321498

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH OCT 7 1941
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Millie Fern Triplett

5. Date of Birth (Month, day year) Nov. 30, 1893

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jefferson Davis Triplett
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Florence Williams
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) OCT 7 1941 (Date received) (b) Mary Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Nez Perce }

I, Mrs. Ella Triplett, being first duly sworn, say that I am related to (Related to (or) acquainted with) Millie Fern Triplett (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I ~~desire to~~ have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Cuddy (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ella Triplett Signature
613 Snake River Lewiston, Idaho P. O. Address

Subscribed and sworn to before me on this 7 day of Oct. 1941

(SEAL) John L. Kellogs Notary Public, residing at Lewiston, Ida.

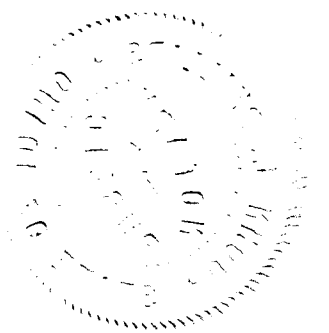
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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963-206040-214

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 6 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321508
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City
(c) Street Address or R.F.D. No. Pine Creek
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years 9 month 6 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City
(d) Street Address or R.F.D. No. Pine Creek
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Inez Marguerite ~~Roland~~ Turnbow

5. Date of Birth (Month, day year) MAY 6, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank DeWitt Roland
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Catskill (City or town) New York (State or foreign country)
14. Exact Occupation Mine Superintendent
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alzina Sampson
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Cornwall (City or town) Vermont (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 3 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 6 1941 (Date received) (b) Maud Feeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mrs. Octia Guay - Deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Angie Russell Langland, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Inez Marguerite Turnbow Roland (Name of person on certificate above) as a very close friend of the Roland family (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Guay (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

× Inez Marguerite Roland (Turnbow) Signature
134 E. Market Ave. Kellogg, Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of September, 1941.

(SEAL) Robt. L. Durall Notary Public, residing at Kellogg, Idaho

NOTARY PUBLIC, residing at Kellogg, Idaho
My commission expires March 15, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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635-112-0475-381

321588

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 13 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Alturas (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Alturas
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 Months
(f) Mother's mailing address (then) Hailey

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD ROLLAND CHANDLER FLEHARTY

5. Date of Birth (Month, day year) Aug. 12, 1893

6. Sex Male **7.** Twin or Triplet XXXX If so—born 1st, 2nd, 3rd XXXX **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alva Judson Fleharty
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Swedona, Illinois (City or town) (State or foreign country)
14. Exact Occupation Shop Foreman on Times
15. Industry or Business Newspaper

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Chandler
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Dover, New Hampshire (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 13 1941 (Date received) (b) Mary M Fleeter (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of California
County of Stanislaus } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alva Judson Fleharty, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Rolland Chandler Fleharty as Father, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Brown, who attended (Name of attendant at birth)
said birth [illegible] many years ago and cannot be located and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

Alva Judson Fleharty Signature
231 Myrtle, Turlock, Calif. P. O. Address

Subscribed and sworn to before me on this 4th day of October, 1941.
(SEAL) Margaret Danielson Notary Public, residing at Turlock, Calif.
My Comm. expires: May 16, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1941

OCT 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434-101 043-315

#321616

321616

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Valley (b) City Van Wyck
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home.
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 6 years month days

RECEIVED

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City Van Wyck
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.
   (f) Mother's mailing address Van Wyck, Idaho.

3. **RESIDENCE of FATHER** (city, state) Van Wyck, Idaho

4. **FULL NAME OF CHILD** Jack William McMurren

5. Date of Birth (Month, day year) Aug. 1 - 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Wesley McMurren
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Hillsboro (City or town) Oregon (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Landreth
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Marshaltown (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by John Wesley McMurren (First name) (Last name), who is related to this child as Father. (Mother, etc)

OCT 15 1941 RECEIVED

26. (a) OCT 15 1941 (Date received) (b) Mabel F. Eelen (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Ada }

I, John Wesley McMurren being first duly sworn, say that I am related to Jack William McMurren as father, whose birth certificate (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Eliza Jeffreys, who attended (Name of attendant at birth)

said birth now deceased and that this birth **has not been previously recorded.** (Is now deceased (or) cannot be located)

John Wesley McMurren Signature
1607 State St. Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 15th day of October, 1941

(SEAL) Mabel B. Yavorick Notary Public, residing at Boise, Idaho

Com. exp. 1-22-45

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799/110029-553

321656

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321656

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Genesee, Idaho

3. RESIDENCE of FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD Harper Dean Grimes

5. Date of Birth (Month, day year) 8 - 10 - 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Edgar Grimes

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Clay County, Indiana (City or town) (State or foreign country)

14. Exact Occupation Merchant

15. Industry or Business General Mercantile

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Jane Enterkine

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Wayne County, Illinois (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) Oct 15 -194 (Date received) (b) Mabel M. Eddy (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Margaret J. Grimes, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Harper Dean Grimes (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. C. Cox (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret J Grimes Signature

R.70 & No. 6th Ave Yakima Wn P. O. Address

Subscribed and sworn to before me on this 6 day of October 19 41

(SEAL) Florence Eschbach Notary Public, residing at Yakima

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



796.130.040-318

321775

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Murray
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Murray, Idaho

3. RESIDENCE of FATHER (city, state) Murray, Ida

4. FULL NAME OF CHILD George Arthur Grove

5. Date of Birth (Month, day year) 3/30/1893

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benjamin Franklin Grove

11. Color or Race white

12. Age at time of THIS birth 49 yrs.

13. Birthplace Springfield (City or town) Ohio (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Lay

17. Color or Race white

18. Age at time of THIS birth 40 yrs.

19. Birthplace Missouri (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) OCT 14 1941 (Date received) (b) Robert H. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Joseph R. Collins, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) George Arthur Grove (Name of person on certificate above) as an acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Joseph R. Collins Signature

Moscow Idaho P. O. Address

Subscribed and sworn to before me on this 13 day of Oct, 1941

(SEAL) Lawrence E. Huff Notary Public, residing at Moscow Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 17 1941 RECEIVED

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. Home
IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? two yrs.
(f) Mother's mailing address Moscow, Idaho.

3. RESIDENCE of FATHER (city, state) Moscow, Id.

4. FULL NAME OF CHILD Lawrence Reed Judd

5. Date of Birth (Month, day year) Oct, 16, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frederic Hawkins Judd
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Emporia, (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Claudia Gertrude Reed
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Central City, (City or town) Iowa. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by Tessa Reed Hamilton (First name) (Last name) who is related to this child as Aunt

26. (a) OCT 17 1941 (Date received) (b) Mabel H. Eaton (Registrar's signature)

27. Given RECEIVED on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of San Diego } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Tessa Reed Hamilton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lawrence Reed Judd (Name of person on certificate above) as aunt (maternal) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that M. D. (name unknown) (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Tessa Reed Hamilton Signature

721 "G" St., National City, Calif. Address

Subscribed and sworn to before me on this 8th day of October 1941

(SEAL) O. C. Ludwig Notary Public, residing at National City, Calif.

(my Com. Exps June 30, 1943.)

OCT 2 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321860
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Forest
(c) Street Address or R.F.D No. —
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home —days.
In **THIS** county 8 years — months — days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Forest
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Dead - Forest, Idaho.
3. **RESIDENCE OF FATHER** (city, state) Forest, Idaho

4. **FULL NAME OF CHILD** Ida Hanson
5. Date of Birth (Month, day, year) 26th July 1893
6. Sex. Female
7. ~~If~~ Twin or Triplet ~~so—born 1st, 2nd, 3rd~~
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Lars Hanson
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Eslo (City or town), Norway (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gurr Erickson
17. Color or Race White
18. Age at time of THIS birth 42 years
19. Birthplace Trondhem (City or town), Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7 (c) Born alive and now dead 4 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Oct 17-1941 (Date received) (b) Maud T. Edler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. or ____ (D.O., Midwife, etc.)
and address ____ Date

State of Province of Alberta
County of Dominion of Canada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Edward Hanson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ida Hill, formerly Ida Hanson as lawful brother (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Carrie Burke (Name of attendant at birth), who attended said birth, cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edward Hanson Name
Vulcan, Alberta P. O. Address

Subscribed and sworn to before me on this 14th day of October 1941

(SEAL) Watrous Notary Public, residing at Vulcan, Alberta
for the Prov. of Alberta.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 20 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County CANYON (b) City CALDWELL
(c) Street Address or R.F.D. No. SO. KIMBALL
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City CALDWELL
(d) Street Address or R.F.D. No. SO. KIMBALL
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address CALDWELL, IDAHO

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD HELEN ISHAM

5. Date of Birth (Month, day year) 12-21-1893

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ALBERT FRANKLIN ISHAM
11. Color or Race WHITE
12. Age at time of THIS birth 36 yrs.
13. Birthplace WILLISTON, VERMONT (City or town) (State or foreign country)
14. Exact Occupation PHYSICIAN & SURGEON
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LIDA MARY JOHNSON
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace BOISE VALLEY, IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 20 1941 (Date received) (b) Mabel F. Fisher (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of IDAHO } ss.
County of CANYON }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, LIDA MARY ISHAM, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) HELEN ISHAM (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. A. F. ISHAM (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lida Mary Isham Signature

CALDWELL, IDAHO P. O. Address

Subscribed and sworn to before me on this 17th day of October 19 41

(SEAL) Neel Wilson Notary Public, residing at Caldwell, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

688-12-001-695

#322915

322915

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED OCT 24 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Nashoe
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: X
Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Nashoe
(d) Street Address or R.F.D. No. X
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Nashoe

3. RESIDENCE of FATHER (city, state) Nashoe Idaho

4. FULL NAME OF CHILD William Laurence Whyman

5. Date of Birth (Month, day year) Aug 21-1893

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Harrison Whyman

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Erie (City or town) PA (State or foreign country)

14. Exact Occupation School Teacher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Jane Windle

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Columbus (City or town) Ohio (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living .....
(c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) OCT 24 1941 (Date received) (b) Mabel H Esler (Registrar's signature)

27. Given RECEIVED added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Ada }

I, William H Whyman, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Laurence Whyman (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Gus A Rogue (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William H Whyman Signature
Boise Idaho 1320 N 6th St P. O. Address

Subscribed and sworn to before me on this 24 day of Oct 1941
(SEAL) August F. Sander Notary Public, residing at Boise, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-114-CUB-857

322955

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 21 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED

(a) County Bingham (b) City near Eagle Rock

(c) Street Address or R.F.D. No. none

(d) Name of Hospital or Maternity Home: none

(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county 19 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham

(c) City ~~MARK~~ near Eagle Rock

(d) Street Address or R.F.D. No. none

(e) How long has **MOTHER** lived in Idaho? 19 yrs.

(f) Mother's mailing address Eagle Rock, Ida

3. RESIDENCE of FATHER (city, state) same as above

4. FULL NAME OF CHILD Arthur Coles

5. Date of Birth (Month, day year) Feb. 14 1893

6. Sex male

7. Twin or Triplet ------

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Jeremiah Coles

11. Color or Race white

12. Age at time of THIS birth 27 yrs.

13. Birthplace Cedar Fort (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming for self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jannie Eliza Heath

17. Color or Race white

18. Age at time of THIS birth 20 yrs.

19. Birthplace Farmington (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Keeping house

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) OCT 21 1941 (Date received) (b) Mabel Heiner (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Almeda Coles, being first duly sworn, say that I am related to (Related to (or) acquainted with) Arthur Coles (Name of person on certificate above) as aunt by marriage (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Hannah Coles (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Almeda Coles
Signature

Rigby, Route 2, Idaho
P. O. Address

Subscribed and sworn to before me on this 17th day of October 1941.

O. R. Burch
Notary Public, residing at Rigby, Idaho.

MY COMMISSION SEAL EXPIRES DECEMBER 8, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-229-824-819

322956

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 21 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. (Crystall)
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county .....years .....month .....days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Near Weiser
(d) Street Address or R.F.D. No. (Crystal)
(e) How long has **MOTHER** lived in Idaho? 31 yrs.
(f) Mother's mailing address Weiser, Idaho

3. RESIDENCE of FATHER (city, state) Weiser, Ida

4. FULL NAME OF CHILD Ethel Elizabeth Westervelt [redacted]

5. Date of Birth (Month, day year) 11-29-1893

6. Sex Female **7.** Twin or Triplet None If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick A. Westervelt
11. Color or Race White **12.** Age at time of THIS birth 69 yrs.
13. Birthplace Oridell, (City or town) New Jersey (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth M. Harris
17. Color or Race White **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Des Moines (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was .....at .....M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) Oct 21-1941 (Date received) (b) Mabel H Geeler (Mother, etc) (Registrar's signature)

25. Attendant's **OWN** signature .....M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho } ss.
County of Washington }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Ellen Westervelt Dayton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ethel Elizabeth Westervelt Giese (Name of person on certificate above) as older sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Ellen Westervelt Dayton Signature

..... P. O. Address

Subscribed and sworn to before me on this 20th day of October 19 41

(SEAL) Jens Hansen Notary Public, residing at Weiser, Idaho

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-21-1025-339

323080

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 23 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Idaho (b) City Riggins
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years X month X days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Riggins
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.
(f) Mother's mailing address Grangeville Ida

3. **RESIDENCE of FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Viola G Howard

5. Date of Birth (Month, day year) March 15 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Orville B Howard
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Battlecreek (City or town) Michigan (State or foreign country)
14. Exact Occupation Stockraiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Celine
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Walla Walla (City or town) Wn (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by XX (First name) (Last name), who is related to this child as X (Mother, etc.)

26. (a) OCT 23 1941 (Date received) (b) Maud M Calder (Registrar's signature)

27. Given name added on X by (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Flora Howard, being first duly sworn, say that I am Related (Related to (or) acquainted with) Viola G Howard (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Marian Wilson (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Flora Howard Signature
Grangeville Idaho P. O. Address

Subscribed and sworn to before me on this 27 day of Oct 1941

(SEAL) H. T. Johnson Notary Public, residing at Grangeville Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

546-106-036-963

OCT 27 1941

323130

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No. 111

Reg. Dist. No. 540

1. PLACE OF BIRTH
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Austin Eccert Nuffer

5. Date of Birth (Month, day year) Aug 6, 1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Nuffer

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Germany (City or town) (State or foreign country)

14. Exact Occupation Architect

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Zollinger

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Providence Utah (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthelmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) ~~Born~~ alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 4: A. M. on the date and at the place stated above, and that personal particulars were furnished by Louise Nuffer (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct 24, 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Louise Nuffer, being first duly sworn say that I am related (Related to (or) acquainted with) Austin Eccert Nuffer (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Jannet Owann (Name of attendant at birth), who attended said birth Now deceased. (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Louisa Nuffer Signature

P. O. Address

Subscribed and sworn to before me on this 24th day of October 1941

(SEAL) [signature] Notary Public, residing at Preston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the ~~purposes~~ and uses ~~prescribed in Chapter 2,~~ Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-226-028-291

323140

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

Oct 27 1941

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Kootnai (b) City near Bonners Ferry
(c) Street Address or R.F.D. No. no number
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
IN **THIS** county years 3 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootnai
(c) City 4 miles from Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Bonners Ferry

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Lillian Amy Reed

5. Date of Birth (Month, day year) Oct-26-1893

6. Sex Female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Leander Reed
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Pitsburg (City or town) Penn. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Homesteader

MOTHER OF CHILD

16. FULL MAIDEN NAME Barbara Krause
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Cresline (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn one - Six others born since.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 27 1941 (Date received) (b) Maud H Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Barbara Reed, being first duly sworn, say that I am The mother (Related to (or) acquainted with) Lillian Amy Reed (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no one (Name of attendant at birth), ~~who~~ attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Barbara Reed Signature

P. O. Address

Subscribed and sworn to before me on this 31 day of October 1941

(SEAL) O Mayer Notary Public, residing at Portland, Oregon

MY COMMISSION EXPIRES AUGUST 1, 1942

JUN 27 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-127-003-284

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323176
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Bannock (b) City ~~Pow~~ Downey
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 15 years 0 month 0 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Downey
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.
   (f) Mother's mailing address Downey Idaho

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** Louis Delbert Hancock

5. Date of Birth (Month, day, year) 7/27/93

6. Sex Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles B. Hancock
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Shurtliff
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) OCT 25 1941 (Date received) (b) Mabel T Edlefsen (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

RECEIVED
OCT 25 1941
VFD

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Chloie Curtis, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Louis Delbert Hancock (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Howell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Chloie Curtis. Signature

254 Taft Ave., Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of October, 1941

(SEAL)

Notary Public, residing at Pocatello, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if ~~neither father or mother of the child is living or accessible, of the~~ nearest of kin or guardian, or some person having direct knowledge in the premises.

785-109-040-168

323290

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 29 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Not known~~ Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Not Known
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home none days. IN **THIS** county 2 years month x days x

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Not Known~~ Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. Wallace
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Wallace

3. RESIDENCE of FATHER (city, state) Wallace

4. FULL NAME OF CHILD John Thomas Greenig

5. Date of Birth (Month, day year) 9/29/93

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd one

8. No. months of Pregnancy 9

9. Legitimate? "YES"

FATHER OF CHILD

10. **FULL NAME** Daniel Thomas Greenig
11. Color or Race WHITE
12. Age at time of THIS birth 42 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Haberdashery Store Owner
15. Industry or Business Owner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Annette Johnston
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace San Francisco (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None that I know of
23. Number of children of this mother: (a) At time of birth and including this child No (b) Born alive and now living No. (c) Born alive and now dead No (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____.

26. (a) OCT 29 1941 (Date received) (b) Maud T Euler (Mother, etc.) (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Maude Annette Greenig, being first duly sworn, say that I am Mother (Related to (or) acquainted with) of John Thomas Greenig (Name of person on certificate above) as my son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Harrington (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Maude Annette Greenig Signature

1316-S-Hampton P. O. Address

Subscribed and sworn to before me on this 4 day of October 1941

(SEAL)

Maud T Euler Notary Public, residing at LOS ANGELES

My Commission Expires May 2, 1943

********OVER********

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Attended by Dr. Harrington---Member of I. O. O. F. Lodge of Wallace Idaho. Midwife--Mrs. Campbell. Birth reported to the best of my knowledge to proper authorities at that time. Whether same was published I am not certain.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of SHOSHONE
City of WALLACE, Idaho
No. 255-107-040-432 St.
born at home.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

323329

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD HARRY EARL BENTON

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
MALE		Full term ✓	Yes	SEPTEMBER 7th 1893

FATHER

9. Full name: FRANK BENTON
10. Residence (usual place of abode) (If non-resident, give place and State): WALLACE, Idaho
11. Color or race: WHITE | 12. Age at last birthday: 35 (years)
13. Birthplace (city or place) (State or Country): KANKAKEE, ILLINOIS

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: MINING ENGINEER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: MINES
16. Date (month and year) last engaged in this work: SEPT, 1915
17. Total time (years) spent in this work: 9 yrs

MOTHER

18. Full maiden name: Mary Marguerite McKENNA (~~MEAGHER~~)
19. Residence (usual place of abode) (If non-resident, give place and State): WALLACE, Idaho
20. Color or race: WHITE | 21. Age at last birthday: 19 (years)
22. Birthplace (city or place) (State or Country): LINCOLN, NEBRASKA

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: HOUSEWIFE
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: HOME
25. Date (month and year) last engaged in this work: SEPT, 1893
26. Total time (years) spent in this work: 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? NO

28. Number of children of this mother: TWO (At time of this birth and including this child) (a) Born alive and now living: 2 (b) Born alive but now dead: — (c) Stillborn: —

29. If stillborn, period of gestation: — months or weeks
30. Cause of Stillbirth: — Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ALIVE at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) + Mary Marguerite Benton Jackson
Mother
or ____
Midwife
Address + 834 Jasmine Avenue

Give name added from a supplemental report ____
(Date of)

Filed Oct 31, 1941 Mabel H Bruce
Registrar.

Registrar.

CERTIFICATE OF BIRTH

Registration District No. _____ Entry No. _____

Name _____

Sex _____ When born _____

Where born _____

Name and maiden surname of mother _____

Name and surname of father _____

Occupation of father _____

Signature, description and residence of informant _____

When registered _____

This certificate is issued in accordance with the law, and is to be received in evidence in all courts of justice in this State without further proof or production of the original.

Registrar of Births and Deaths.

Caution.—Any person who (1) falsely makes, alters, forges or counterfeits this certificate, or (2) causes or procures any person falsely to make, alter, forge or counterfeit this certificate, or (3) utters, publishes, passes or attempts to use as true any false, altered, forged or counterfeited certificate, knowing the same to be false, altered, forged or counterfeited, or (4) has in his possession any false, altered, forged or counterfeited certificate, knowing the same to be false, altered, forged or counterfeited, with intent to utter, publish, pass or use the same as true, is guilty of an offence against the Births and Deaths Registration Act, 1934-1938, and is liable on conviction to imprisonment for a term not exceeding two years.

255-107-040-432

STATE OF IDAHO

OCT 30 1941

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Margarette ~~Mrs~~ Benton Jackson being first duly sworn says that

She is the Mother (Relationship of child)* of HARRY EARL BENTON

born September 7, 1893 (Date of birth) at Wallace, Idaho,

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said HARRY EARL BENTON

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Unknown, M. D., was the Midwife medical attendant at the birth of said Harry Earl Benton, and that the said medical attendant is Unknown / Dr. Benton. (Now deceased (or) cannot be located)

Name of Affiant Mrs. Mary Margarette Benton Jackson,

P. O. Address 531 Pine Street Hermosa Beach

Subscribed and sworn to before me this 25 day of October, 1941

J. E. SHANLEY, Notary Public
My Commission Expires January 17, 1942

J. E. Shanley
Notary Public.

residing at Hermosa Beach, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

10-21-41

413 107 044 259

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 4 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323409
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home — days. at home
IN THIS county 17 years 11 month 2 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 17 yrs.
(f) Mother's mailing address Midvale Idaho

3. RESIDENCE of FATHER (city, state) Midvale, Ida.

4. FULL NAME OF CHILD Benjamin Clyde Mackey

5. Date of Birth (Month, day, year) 7-7-1893

6. Sex Male

7. Twin or Triplet No.

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Mackey
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Mound City, Holt Co. Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Floy Keithly
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace St. Charles Co. Mo. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Making a home

22. Name prophylactic used ~~to prevent Ophthalmia Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at M on the date and at the place stated above, and that personal particulars were furnished by Lucy F. Mackey (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 4 1941 (Date received) (b) Mabel Fiedler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of California
County of Kings } ss.

I, Lucy Floy Mackey, being first duly sworn, say that I am related to (Related to (or) acquainted with) Benjamin Clyde Mackey (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. G. S. Keithly (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lucy F. Mackey Signature

Corcoran Calif. Box 143 Rt #1 P. O. Address

Subscribed and sworn to before me on this 24th day of October 1941

(SEAL)

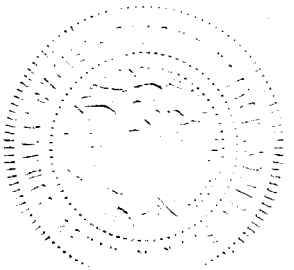
Notary Public, residing at Corcoran Calif Kings Co.

My Commission Expires April 17, 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



791 103 029 168

323430

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 3 1941

State File No.

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Fatha (b) City Anderson
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Ida (b) County Fatah
(c) City Anderson
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Avon Ida

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD John Albert Graulund

5. Date of Birth (Month, day year) Jan 3 1893

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Erick Peder Graulund

11. Color or Race white

12. Age at time of THIS birth 36 yrs.

13. Birthplace Parlana (City or town) Sweden (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Christina Johnson

17. Color or Race white

18. Age at time of THIS birth 30 yrs.

19. Birthplace Parlana (City or town) Sweden (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 3 1941 (Date received) (b) Mabel M. Gelder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Latah }

I, Carl Graulund, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Albert Graulund (Name of person on certificate above) as older brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 138, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Johanna Lundgren (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Carl Graulund Signature

Troy Ida P. O. Address

Subscribed and sworn to before me on this 1st day of November, 1941.

(SEAL) A. Brecke Notary Public, residing at Troy Ida

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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323456

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** NOV 5 1941
(a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No. Rural Route
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Binghams
(c) City Basalt
(d) Street Address or R.F.D. No. Rural Route
(e) How long has **MOTHER** lived in Idaho? 4½ yrs.
(f) Mother's mailing address Basalt

3. **RESIDENCE of FATHER** (city, state) Basalt Idaho

4. **FULL NAME OF CHILD** Bammie Rebecca Pritchett

5. Date of Birth (Month, day year) Jan. 13-1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Samuel Pritchett
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Maysville Arkansas (City or town) (State or foreign country)
14. Exact Occupation Ranchman & Farmer
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bammie Jane Imel
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Carthage Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Bammie (First name) Pritchett (Last name), who is related to this child as mother (Mother, etc)

26. (a) NOV 5 1941 (Date received) (b) Mary T. Eccles (Registrar's signature)

25. Attendant's **OWN** signature Mrs. Margaret Andrews M.D. (D.O., Midwife, etc.) and address Firth Idaho Date 10-14-1941

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323640
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: ---
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Nampa, Idaho

3. RESIDENCE of FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD James Wilbert Larsen

5. Date of Birth (Month, day year) May 29, 1893

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 mos.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Martin C. Larsen

11. Color or Race white

12. Age at time of THIS birth 33 yrs.

13. Birthplace Brost (City or town) Denmark (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie M. Otterson

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Marysville (City or town) California (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) NOV 10 1941 (Date received) (b) Maud F. Kohler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, William Otterson, being first duly sworn, say that I am related to (Related to (or) acquainted with) James Wilbert Larsen (Name of person on certificate above) as uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kohler (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William Otterson Signature
Willows, California P. O. Address

Subscribed and sworn to before me on this 6th day of November, 1941

(SEAL) Margaret Fitzhamlin Notary Public, residing at Willows, Calif.
Justice of the Peace, Glenn County, California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received~~ and filed ~~by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515/23 014-235

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 13 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323721
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Dearborn St.
(d) Name of Hospital or Maternity Home: (in home of child's parents)
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. Dearborn St.
(e) How long has **MOTHER** lived in Idaho? 5 yrs yrs.
(f) Mother's mailing address Caldwell, Ida.

3. RESIDENCE of FATHER (city, state) Caldwell, Ida

4. FULL NAME OF CHILD John Edwin Van Wyngarden

5. Date of Birth (Month, day year) Sept. 23, 1893

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gerret H. Van Wyngarden

11. Color or Race white **12.** Age at time of THIS birth 43 yrs.

13. Birthplace Holland (City or town) (State or foreign country)

14. Exact Occupation Building contractor.

15. Industry or Business House and business bldgs.

MOTHER OF CHILD

16. FULL MAIDEN NAME Steurenberg Elizabeth Evaline

17. Color or Race white **18.** Age at time of THIS birth 32 yrs.

19. Birthplace Knoxville, Iowa (City or town) (State or foreign country)

20. Exact Occupation housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by personal knowledge (First name) (Last name), who is related to this child as I am his mother. (Mother, etc)

26. (a) Nov 13-1941 (Date received) (b) Mabel H. Eberle (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Canyon }

I, Elizabeth Evaline Van Wyngarden (same as Mrs. G. H. Van Wyngarden), being first duly sworn, say that I am related to (Related to (or) acquainted with) John Edwin Van Wyngarden (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Lee (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Elizabeth Evaline Van Wyngarden Signature
Springfield, Oregon P. O. Address

Subscribed and sworn to before me on this 12 day of November, 1941

(SEAL) H. A. Latimer Notary Public, residing at Caldwell, Ida.

My commission exires July 26 1942.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-122-003 375 RECEIVED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census APR 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323859

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Bannock (b) City Pocatello.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Ernest Wornek.

5. Date of Birth (Month, day, year) May 22 - 1893

6. Sex Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd Second

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Milton Wornek

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Iowa. (City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellura Belle Tremmel

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Zanesville. Ohio. (City or town) (State or foreign country)

20. Exact Occupation House Wife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 11 (c) Born alive and now dead 4 & 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 17 1941 (Date received) (b) Mary H. Eckler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of San Francisco } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Ellura Belle Baker, being first duly sworn, say that I am "Mother" (Related to (or) acquainted with)
Ernest Wornek as my son, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth Cannot be located. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ellura Belle Baker Signature

167 Baker St. San Francisco Calif. P.O. Address

Subscribed and sworn to before me on this 19th day of April, 19 41

(SEAL) Irene Cecilia Byrne Notary Public residing at San Francisco, Calif.

Comm. expires Nov. 16, 1943. 2991 Mission St.

NOV 18 1941

(1937 Session Laws, Chapter 139, Section 4)

566-209-006-413

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323949
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. -
(d) Name of Hospital or Maternity Home: In own home, Blackfoot, Idaho.
(e) Mother's stay **BEFORE** delivery: NO
In Hosp. or Mat. Home - days.
IN **THIS** county - years - month - days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot,
(d) Street Address or R.F.D. No. -
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Blackfoot, Idaho

3. RESIDENCE of FATHER (city, state) Blackfoot, Ida.

4. FULL NAME OF CHILD Martha Eleanor Howell

5. Date of Birth (Month, day year) February 9, 1892

6. Sex Female

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? Yes

3

FATHER OF CHILD

10. FULL NAME William Henry Howell
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Freightor
15. Industry or Business Freight

MOTHER OF CHILD

16. FULL MAIDEN NAME Eleanor Elizabeth Dalson
17. Color or Race W
18. Age at time of THIS birth 34 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead - (d) Stillborn -

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Nov 19 1941 (Date received) (b) Albert H. Eisley (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon } ss.
County of Harney }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Albert Ensley Howell, being first duly sworn, say that I am a Brother (Related to (or) acquainted with) Martha Eleanor Howell (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Grandma Croxwell (Name of attendant at birth), who attended said birth Midwife, Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Albert Ensley Howell Signature
Hines Oregon P. O. Address

Subscribed and sworn to before me on this 10th day of November, 1941

(SEAL)

Wm. Craig County Clerk residing at Harney County, Ore.
By Lucile Smith, Deputy.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-118-001-141

323988

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County ____ (b) City Boise
   (c) Street Address or R.F.D. No. #
   (d) Name of Hospital or Maternity Home: ____
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   In **THIS** county ____ years ____ month ____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State ____ (b) County ____
   (c) City Boise R.F.D. —
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.
   (f) Mother's mailing address Deceased

3. **RESIDENCE of FATHER** (city, state): Deceased

4. **FULL NAME OF CHILD** James Arthur Brooks

5. Date of Birth (Month, day, year) 4, 18, 1893

6. Sex male

7. Twin or Triplet ____

If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Washington Brooks
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie May Adams
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business ____

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) OCT 17 1941 (Date received) (b) Maude M. Edelen (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

27. Given name added on ____ by ____ (Registrar's signature)

State of New York
County of Schuyler } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Benjamin H. Davis, being first duly sworn, say that I am related to (Related to (or) acquainted with) James Arthur Brooks (Name of person on certificate above) as 2nd cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (not known) (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Benjamin H. Davis Signature

Valois N.Y. P. O. Address

Subscribed and sworn to before me on this 4th day of October, 1941

(SEAL)

Cecil Hager Notary Public, residing at Valois, N.Y.



763-115-003-496

323997

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 21 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323997
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 554 S. Main
(d) Name of Hospital or Maternity Home: In the Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 554 S. Main
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD Paul Homer Golding

5. Date of Birth of Child (Month, day, year) May 15, 1893

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Thomas Golding
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Birmingham (City or town), England (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Horseley Lumber Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Marie Droubay
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Salt Lake City (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 49 years, and that Dr Brown (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine D Golding Signature
[illegible] West Pocatello P. O. Address

Subscribed and sworn to before me this 18th day of November, 1941

(SEAL) Clyde Bowen Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 21 1941 by Mary E Eyer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595 104 040 595

325018

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 24 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Murray
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 18 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City ~~Wallace~~ Murray
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Murray, Ida.

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Charles Chester Ervin

5. Date of Birth (Month, day year) Sept. 4 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Abraham Ervin

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Euclaire (City or town) Wisconsin (State or foreign country)

14. Exact Occupation County Clerk

15. Industry or Business Shoshone County

MOTHER OF CHILD

16. FULL MAIDEN NAME ~~Lu~~ Lucinda Ervin

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Rockford (City or town) Illinois (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Lulu (First name) Dunham (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 24 1941 (Date received) (b) Mabel H Feder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Washington } ss.
County of Okanogan }

I, Lulu Dunham, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles ~~X~~ Chester Ervin (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ingalls (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lulu Dunham Signature

Okanogan, Washington P. O. Address

Subscribed and sworn to before me on this 21st day of November 1941

(SEAL)

R. E. Johnson Notary Public, residing at Okanogan, Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

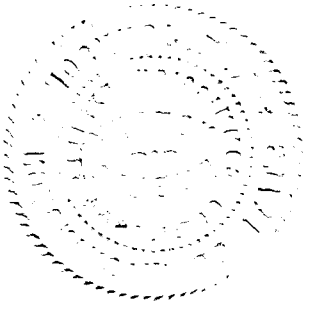
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NOV 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



391 203028 622

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 24 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325022
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Sagle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Sagle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Bessie E. Craig

5. Date of Birth of Child (Month, day, year) Dec. 3, 1893

6. Sex Female

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd 7th

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas P. Craig
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Linn County, Iowa (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Nevada Osborn
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Thomas (First name) Turnbull (Last name), who is related to this child as life-long friend. (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of IDAHO, County of Bonner. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am ~~the~~ a life-long friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 47 years, and that Thomas P. Craig (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Turnbull Signature

Sagle, Idaho P. O. Address

Subscribed and sworn to before me this 21st. day of November, 1941

(SEAL) ____ Notary Public, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1941 by Mabel T. Eelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259/125044 255

325077

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D.No. at
(d) ~~Name of Hospital or Maternity~~ Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE** of **MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.
(f) Mother's mailing address 455 E-Main

3. **RESIDENCE** of **FATHER** (city, state) now deceased

4. **FULL NAME OF CHILD** Harry Snider

5. Date of Birth (Month, day year) Jan 25 - 1893

6. Sex Male

7. Twin or ~~Triplet~~

If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Muicheal Snider
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Cleavland Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Melissa Florence Bennell
17. Color or Race White
18. Age at time of THIS birth 31 yrs
19. Birthplace Bushnell Illinois (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ~~Mother~~ (Mother, etc.)

26. (a) NOV 26 1941 (Date received) (b) Mary E Eelen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Melissa Florence Snider, being first duly sworn, say that I am ..... (Related to (or) acquainted with) Harry Snider (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs J E Kelley (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Melissa Florence Snider Signature

..... P. O. Address

Subscribed and sworn to before me on this 26th day of Nov, 1941

(SEAL) F B Lloyd Notary Public, residing at Weiser

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

259 125 044-255

325078

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH.**
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D.No. at
   (d) ~~Name of Hospital or Maternity~~ Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 52 yrs.
   (f) Mother's mailing address 455 - 8 main

3. **RESIDENCE of FATHER** (city, state) now deceased

4. **FULL NAME OF CHILD** Howard Snider

5. Date of Birth (Month, day year) Jan 25 - 1893

6. Sex Male

7. Twin ~~or~~ Triplet ~~1st~~, 2nd, ~~3rd~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Micheal Snider
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Cleveland (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Melissa Florence Bennell
17. Color or Race White
18. Age at time of THIS birth 31 yrs
19. Birthplace Bushnell (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 26 1941 (Date received) (b) Mabel H Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Melissa Florence Snider, being first duly sworn, say that I am ..... (Related to (or) acquainted with)
Howard Snider (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Miss J Eddy (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Melissa Florence Snider Signature

Subscribed and sworn to before me on this 15 day of November, 1941 P. O. Address

(SEAL) E F Lloyd Notary Public, residing at Weiser

AUG 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325091
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm Country Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City St Maries
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address St Maries Idaho

3. RESIDENCE of FATHER (city, state) St Maries Ida

4. FULL NAME OF CHILD Hazel Carey Cornelius

5. Date of Birth (Month, day year) July 24 1893

6. Sex female **7.** Twin or Triplet — **If so—born** 1st, 2nd, 3rd — **8.** No. months of Pregnancy 9 months **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Green Cornelius
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Nauvoo Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer School Trustee
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Ella VonLochnen
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Kingston Mo. (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 25 1941 (Date received) (b) Carl M Calder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Whitman }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Cora Ella VonLochnen, being first duly sworn, say that I am Related (Related to (or) acquainted with) Hazel Carey Cornelius (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Topping (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Cora E. Cornelius Signature
Colfax Washington P. O. Address

Subscribed and sworn to before me on this 22nd day of November, 1941.

(SEAL) ..... Notary Public, residing at Colfax Wash

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325095
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No. 445 So. CLEVELAND AVE
(d) Name of Hospital or Maternity Home: RESIDENCE
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home NONE days. IN **THIS** county 4 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No. 445 So. CLEVELAND AVE
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address DECEASED

3. RESIDENCE of FATHER (city, state) DECEASED

4. FULL NAME OF CHILD FRED JAY DOLBEER

5. Date of Birth (Month, day year) JAN'Y 29th 1893

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ELI JACOB DOLBEER

11. Color or Race WHITE

12. Age at time of THIS birth 28 yrs.

13. Birthplace MENDON (City or town) N.Y. (State or foreign country)

14. Exact Occupation CONDUCTOR

15. Industry or Business RAILROAD

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNA TAYLOR

17. Color or Race WHITE

18. Age at time of THIS birth 24 yrs.

19. Birthplace NORCASTER (City or town) MASS. (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN (born alive, stillborn) at 7:10 A. M. on the date and at the place stated above, and that personal particulars were furnished by ATTENDENT NOW DECEASED (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Nov 27-1944 (Date received) (b) Maud M Keeler (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of California } ss.
County of Los Angeles }

I, MARGERET BURGE, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) FRED JAY DOLBEER (Name of person on certificate above) as HIS AUNT (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. MOORE (Name of attendant at birth), who attended said birth NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret Burge Signature
1213 W. 5th St. Rear L.A. P. O. Address

Subscribed and sworn to before me on this 15 day of November 19 44

(SEAL) Notary Public, residing at Los Angeles Calif

My Commission Expires Jan. 24, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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1-4-2-11

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325188

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Cambridge RR# 1
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address 1

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Carlos Tucker

5. Date of Birth (Month, day year) June 14 09

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Tucker
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Johnson city (City or town) Tenn. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Ruply
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Dayton Wshington (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 4 M. on the date and at the place stated above, and that personal particulars were furnished by Carlos Tucker (First name) (Last name), who is related to this child as His self (Mother, etc.)

26. (a) NOV 26 1941 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature F A Schmitt M.D. (D.O., Midwife, etc.)
and address Weiser Id Date 11-18-41

27. Given name added on by (Registrar's signature)

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 7 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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781-107-004-613 325345

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325345
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD George Watson Chalmers

5. Date of Birth of Child (Month, day, year) Nov. 7, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Everett Chalmers
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Newbury, (City or town) Vermont (State or foreign country)
14. Exact Occupation Attorney at Law
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosabel Watson
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace North Leverett, (City or town) Mass. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 48 years, and that Dr. C. A. Hoover (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosabel Watson Chalmers Signature
Blackfoot Idaho P. O. Address

Subscribed and sworn to before me this 27th day of November, 19 41.

(SEAL) W. R. Shelleberger Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 1941 by Mabel H Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DEC 7 1941

466-126-029-553

325387

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 3 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genessee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genessee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 51 yrs yrs.

3. RESIDENCE OF FATHER (city, state) Pinehurst Ida

4. FULL NAME OF CHILD Lawrence E. Moore

5. Date of Birth of Child (Month, day, year) Sept 26, 1893

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fred E. Moore
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Port Washington, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Grain Buyer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Debbie Nelson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Vermont, Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by That Dr, Cox, of Genessee attended said mother at birth of said child (First name) (Last name), who is related to this child as That Dr, Cox is now dead (Mother, etc.)

25. Attendant's **OWN** signature X Fred E Moore M.D. Midwife Address Date

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 46yrs 3 Month 2days years, and that Dr Cox (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

X Fred E Moore Signature
Pinehurst, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of Nov, 1941, 19

(SEAL) J. P. Townsend Notary Public, residing at Kellogg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1941 by Mabel H Edlefsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required in advance payment of fifty cents, money order or coin.

FEB 11 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-12-9-02-653

DEC 5 1941

325452

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325452
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Fremont (b) City
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home: At Home.
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Beaver Canon
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 46 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Henry Lee

5. Date of Birth (Month, day year) 29 June 1893

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Lee
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Joule Utah (City or town) (State or foreign country)
14. Exact Occupation Lumber & Sawmill
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jane Welch
17. Color or Race white
18. Age at time of THIS birth 30 yrs
19. Birthplace Logan Utah (City or town) (State or foreign country)
20. Exact Occupation None
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 5 1941 (Date received) (b) Mabel H Eller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Oregon
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clara Tilcup, being first duly sworn, say that I am Sister (Related to (or) acquainted with) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that attendant (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Clara Tilcup Signature

16175 N. Jay Ln. St. Portland Oregon P. O. Address

Subscribed and sworn to before me on this 4 day of Dec. 1941

(SEAL)

Notary Public, residing at Portland Or

Nov 23 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DEC 7 19[illegible]

251-215-035-434

325463

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH DEC 6 1941
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years 2 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City near Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 mo. yrs.
(f) Mother's mailing address Lewiston, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Aura Lee Bean

5. Date of Birth (Month, day year) Dec. 15, 1893

6. Sex Female **7.** Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hasselbine D. Bean

11. Color or Race White **12.** Age at time of THIS birth 32 yrs.

13. Birthplace Portage Co., Wisconsin (City or town) (State or foreign country)

14. Exact Occupation Millwright

15. Industry or Business Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie McMillan

17. Color or Race White **18.** Age at time of THIS birth 21 yrs.

19. Birthplace Palisade Nevada (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 6 1941 (Date received) (b) Clair H Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Jennie Bean Turnbull, being first duly sworn, say that I am related to (Related to (or) acquainted with) Aura Lee Bean (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Lathrop (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jennie Bean Turnbull Signature

4037 N. Williams Ave., Portland, Ore. P. O. Address

Subscribed and sworn to before me this 4th day of December, 1941

(SEAL) Notary Public residing at Portland, Ore.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES JULY 7, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 7 1941

962-205-028-249

United States Department of Commerce Bureau of the Census

DEC 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325481
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City on farm
(c) Street Address or R.F.D. No. 2 mi S of Rathdrum
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City 2 mi S of Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum, Idaho

4. FULL NAME OF CHILD Jeanette Curtis Robinson

5. Date of Birth of Child (Month, day, year) Dec 5, 1893

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Amos Dean Robinson
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Iowa City (City or town) Iowa (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Swan Smith
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Horicon, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 a. m. M. on the date and at the place stated above, and that personal particulars were furnished by Maudean Robinson (First name) (Last name), who is related to this child as sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Pierce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 47 years, and that Mrs. Melder (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Maudean Robinson Green Signature
Eatonville, Washington P. O. Address

Subscribed and sworn to before me this 27th day of November 1941, 19
(SEAL) Notary Public, residing at Eatonville, Wn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1941 by Mabel H Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-114-21-543

325579

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO DEC 8 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH.**
   (a) County Franklin (b) City Franklin
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Franklin
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.
   (f) Mother's mailing address Franklin, Idaho

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Kenneth Nuttall Parkinson

5. Date of Birth (Month, day, year) Nov. 14, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Franklin Chandler Parkinson
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Kaysville, Utah, 7 July 1859 (City or town) (State or foreign country)
14. Exact Occupation Farmer & Merchant
15. ~~Industry or~~ Business Moved into Franklin in spring 1860

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Nuttall
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Manchester, England 9 Oct. 1864 (City or town) (State or foreign country)
20. Exact Occupation house wife
21. ~~Industry or~~ Business Married in Logan, Utah, Jan. 1, 1885

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6:15 P. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 8 1941 (Date received) (b) Mary Hawks (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ada N. Parkinson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Kenneth Nuttall Parkinson (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Hawks (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ada N Parkinson Signature

717 N. Louise, Glendale, California P. O. Address

Subscribed and sworn to before me on this 28 day of April, 1941

(SEAL) Benjamin W. Redman Notary Public, residing at Los Angeles, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243 110 029 295

325702

United States
Department of Commerce
Bureau of the Census

DEC 11 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. R.F.D. No 2
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. R.F.D. No 2
(e) How long has **MOTHER** lived in Idaho? 70 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD William Nathan Buchanan

5. Date of Birth of Child (Month, day, year) July 10, 1893

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Newton Buchanan
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Carthage (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Lavina Mae Kenyon
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Peoria (City or town) Illinois (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 48 years, and that Amanda (First name) Marshall (Last name), who attended this birth, deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary L Buchanan Signature
Potlatch Idaho P. O. Address

Subscribed and sworn to before me this 6 day of December, 1941.
(SEAL) J. V. Blame Notary Public, residing at Potlatch Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 1941 by Mary V. Keefer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



251 119 004-154

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325745
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Charles Francis Beach

5. Date of Birth of Child (Month, day, year) May 19 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Orson David Beach
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Salt Lake Utah (City or town) (State or foreign country)
14. Exact Occupation Merchant Ladies Wear Business
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Verity Ann Anderson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Richmond Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by L Diana Beach (First name) (Last name), who is related to this child as aunt (Mother, etc.)

25. Attendant's **OWN** signature L Diana Beach Midwife Address Nurse 1012 Harvard

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 44 years, and that Dr Heaven (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Diana Beach Wells Signature
1012 Harvard ave Salt Lake P. O. Address

Subscribed and sworn to before me this 9th day of Dec, 1941

(SEAL) Elizabeth Goodman Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 15-1941 by Mary E Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12-15-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619 216-006-295

325749

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 12 1941

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Alice May Ward

5. Date of Birth of Child (Month, day, year) April 16, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Plant Ward
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Walton (City or town) Northamptonshire (State or foreign country) England
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Christina Bindrup
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Wrougstrupe (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 49 years, and that Mrs Stevens (First name) (Last name), who attended this birth was not located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo. B Ward (Oldest Brother) Signature
1204 7th St. Idaho Falls P. O. Address

Subscribed and sworn to before me this 10th day of Dec, 1941

(SEAL) W. L. Beckwith Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1941 by Mary H. Geer, Registrar.

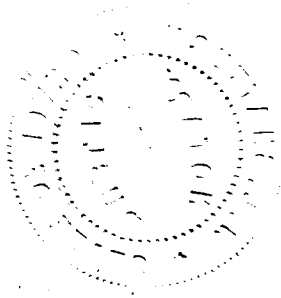
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12-15-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



238-128-025-819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 12 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325755
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDAHO (b) City GRANGEVILLE
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
BORN AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO.
(c) City GRANGEVILLE
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? about 6 yrs.

3. RESIDENCE OF FATHER (city, state) GRANGEVILLE

4. FULL NAME OF CHILD EDMUND CARLISLE SCHMADEKA

5. Date of Birth of Child (Month, day, year) 12-28-93

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME WILLIAM FREDRICK SCHMADEKA
11. Color or Race White **12.** Age at time of THIS birth about 30 yrs.
13. Birthplace COBURG (City or town) OREGON (State or foreign country)
14. Exact Occupation GENERAL MERCHANTDISE
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LORENA HARMON
17. Color or Race White **18.** Age at time of THIS birth about 30 yrs.
19. Birthplace SOUTHWEST CITY (City or town) MISSOURI. (State or foreign country)
20. Exact Occupation HOUSEWIFE AND LATER
21. Industry or Business OPERATED MILLINERY STORE

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Wash. } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that Samuel E. Bibby (First name) (Last name), who attended this birth — (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Allen Signature
1483 Ballinger Ave Seattle Wn. P. O. Address

Subscribed and sworn to before me this 12th day of Dec., 1941.
(SEAL) Otto Reuss Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1941 by Mabel I. Leber, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



12-25-41

359 118 028 551

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH DEC 15 1941
STATE OF IDAHO

State File No. 325848
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d' Alene
(c) Street Address or R.F.D. No. Route No. 1
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county two years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d' Alene
(d) Street Address or R.F.D. No. Route No. 1
(e) How long has **MOTHER** lived in Idaho? two yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d' Alene Idaho

4. FULL NAME OF CHILD William Leinum

5. Date of Birth of Child (Month, day, year) April 18, 1893 1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Andrew J. Leinum
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Trondjatm, Norway (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Johanna Evans
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Trondjatm, Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3rd. (b) Born alive and now living two.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 48 years, and that Mrs. John Olson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Johanna Leinum
Signature
Coeur d'Alene Ida. Route 1
P. O. Address

Subscribed and sworn to before me this 8th day of December, 1941.

(SEAL) Herbert H. Beales
Notary Public, residing at Coeur d' Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

DEC 16 1941

Received for filing on ..... by Mabel T. Euler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795/23-029 947

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 326041
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. E. 6th St.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. E. 6th St.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD Henry Albert Giese

5. Date of Birth of Child (Month, day, year) Feb. 23, 1893

6. Sex: Male

7. Twin or Triplet: No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Gustav Giese

11. Color or Race: White

12. Age at time of THIS birth: 34 yrs.

13. Birthplace: Caledonia, (City or town) Wisconsin (State or foreign country)

14. Exact Occupation: Carpenter & Contractor

15. Industry or Business: Construction

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Mary Rupp

17. Color or Race: White

18. Age at time of THIS birth: 24 yrs.

19. Birthplace: Stargart, (City or town) Germany (State or foreign country)

20. Exact Occupation: Housewife

21. Industry or Business: Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Do not know

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of IDAHO
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 72 years, and that Dr. Watkins (First name), of Moscow (Last name), who attended this birth, is dead. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza M. Giese Signature
310 S. Van Buren St. Moscow, Ida. P.O. Address

Subscribed and sworn to before me this 12th day of December, 1941

(SEAL) L. Meeker Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 15 1941 by Mabel H. Gelser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 19 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763-125-003-612

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327339
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Lava Hot Spgs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lava Hot Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 71 yrs.

3. RESIDENCE OF FATHER (city, state) Was Lava Hot Spgs Ida

4. FULL NAME OF CHILD Aaron Franklin Potter

5. Date of Birth of Child (Month, day, year) Mar 25 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Franklin Potter
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Springville Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Finis Abagail Wakley
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Lava Hot Springs Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that Nancy Boyington (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Finis A Potter Signature
Lava Hot Springs Ida P. O. Address

Subscribed and sworn to before me this 19th day of December, 1941.

(SEAL) M J Kasiska Notary Public, residing at Lava Hot Springs Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1941 by Mabel T Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 9 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-201-029-753

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327365
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Anna Talana Freeze

5. Date of Birth of Child (Month, day, year) July 1, 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Michael Cammia Freeze
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace North Carolina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Jane Peterson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Newport (City or town) New Jersey (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature deceased M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 48 years, and that Mrs. Burden (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha J. Freeze Signature
1955 Purdue Ave., West Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 15th day of December, 1941

(SEAL) G. P. McKelvey Notary Public, residing at West Los Angeles, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires April 29, 1945

Received for filing on DEC 22 1941 by Mabel Hefner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

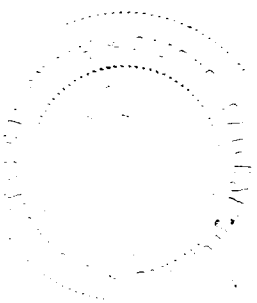
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DEC 2 9 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



- 685-703-028-724

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 26 1941

State File No. 327488
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Markham P.O.
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Country Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Markham P.O.
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 1-2 yrs.

3. RESIDENCE OF FATHER (city, state) 4 Yrs

4. FULL NAME OF CHILD Louis Henry Waetzler

5. Date of Birth of Child (Month, day, year) 11/3/93

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Franklin Waetzler
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Pittsburg (City or town) Penn. (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Antonia Gbur
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Milwauka (City or town) Wis. (State or foreign country)
20. Exact Occupation House Maid
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Mrs Graves M.D. Midwife Address Deceased Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon
County of Josephine } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 72 years of age, that I have known this person for 48 years, and that Mrs. Graves (First name) (Last name), who attended this birth Is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Antonia Gbur Ganson Signature

Anna Ganson P. O. Box 82 Grants Pass, Oregon P. O. Address

Subscribed and sworn to before me this 19 day of December, 1941.

(SEAL) Marion W. Clark Notary Public, residing at Grants Pass, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES March 13, 1945

Received for filing on DEC 26 1941 by Maud Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-127-003-396

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO DEC 22 19

State File No. 327617
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No. /
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No. /
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address /

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD AUGUST CLARENCE BACKMAN

5. Date of Birth (Month, day year) JUNE 27th 1893

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME OTTO CYRELLIUS BACKMAN

11. Color or Race WHITE

12. Age at time of THIS birth 34 yrs.

13. Birthplace NORKOPING (City or town) SWEDEN (State or foreign country)

14. Exact Occupation MANAGER.

15. Industry or Business F.J. KIESEL & Co WHOLESALERS

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNA TROUTMAN

17. Color or Race WHITE

18. Age at time of THIS birth 30 yrs.

19. Birthplace DELAWARE (City or town) OHIO (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) DEC 29 1941 (Date received) (b) (Mother, etc.) Mabel M. Calder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of California } ss.
County of Los Angeles }

I, Charles C. Backman being first duly sworn, say that I am Brother (Related to (or) acquainted with) August Clarence Backman (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth Do not know (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Charles C Backman Signature
5140 W. Eight St. Long Beach Calif P.O. Address

Subscribed and sworn to before me on this 18 day of December, 19 41.

(SEAL) Cora A. Backman Notary Public, residing at 934-W-11ST San Pedro Calif

My Commission Expires November 10, 1943

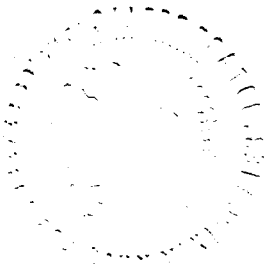
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



799-130-003-418

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327671
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Second Ave
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 yrs years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Second Ave
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Scott Griffith

5. Date of Birth of Child (Month, day, year) Dec 30 1893

6. Sex Boy

7. Twin or Triplet — if so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Griffith
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Youngstown Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Nora Mayers
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Dayton Ohio (City or town) (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Scott (First name) Griffith (Last name), who is related to this child as Ellen Nora Griffith (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for years, and that Dr J H Bean (First name) (Last name), who attended this birth is Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Nora Griffith Signature
Pocatello Idaho R F D No 1 P. O. Address

Subscribed and sworn to before me this 22 day of December, 1941.
(SEAL) H E Swanson Notary Public, residing at Pocatello Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm Exp 11/16/42

Received for filing on Jan 2 - 1942 by Mabel H Eells, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

FEB 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

383/15022-312

327843

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH JAN 2 1942

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City ROBERTS
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County ~~Teton~~ Fremont
(c) City ROBERTS
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? I.D. yrs.
(f) Mother's mailing address ROBERTS, IDAHO

3. RESIDENCE of FATHER (city, state) ROBERTS, IDAHO

4. FULL NAME OF CHILD WESLEY BEN LYLE

5. Date of Birth (Month, day year) DEC. 15, 1893

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME WILLIAM STEWART LYLE

11. Color or Race WHITE

12. Age at time of THIS birth 45 yrs.

13. Birthplace GLASGOW (City or town) SCOTLAND (State or foreign country)

14. Exact Occupation RAILROAD MAN

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME VIOLA MATILDA CASE

17. Color or Race WHITE

18. Age at time of THIS birth 35 yrs.

19. Birthplace SIDNEY (City or town) IOWA (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc)

26. (a) JAN 2 1942 (Date received) (b) Mary L. Eller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Oklahoma } ss.
County of Pontotoc }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, William Stewart Lyle, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wesley Ben Lyle (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of Attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William Stewart Lyle Signature

825 East 7th St. Ada, Okla. P. O. Address

Subscribed and sworn to before me on this 26 day of December, 1941.

(SEAL) Notary Public, residing at Ada, Okla.

My com exp Feb. 23, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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327921

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327921
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Garden Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Garden Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Robert Nesbit DeChambeau

5. Date of Birth of Child (Month, day, year) Mar. 8 1893

6. Sex m

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Nesbet DeChambeau
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Quebec Canada (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie Ann McBride
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Boise County Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 6:00 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 48 years, and that none (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie McBride DeChambeau Signature
Eagle Idaho P. O. Address

Subscribed and sworn to before me this 8th day of January, 19 42

(SEAL) O M Lamm Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 9 - 1942 by Mabel Tyler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

25/127022-276

327981

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Wilford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Wilford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Fred Kearney

5. Date of Birth of Child (Month, day, year) April 27th 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Kearney
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Brooklyn (City or town) New York (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ingrit Browning
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 40 years, and that The Pearson (First name) (Last name), who attended this birth, Cannot Be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mattie Kearney Airman Signature
Idaho Falls Ida. P. O. Address

Subscribed and sworn to before me this 27th day of December, 1941

(SEAL) Ed Walker Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Commission Expires Aug. 3, 1945

Received for filing on JAN 5 1942 by Maud Hiser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 6 1942

328036

United States 459-211-028 (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce 312 **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Albany Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Albany Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Albany Falls, Ida

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Ethel Meek

5. Date of Birth (Month, day year) Sept. 11, 1893

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd 4th **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Madison Meek
11. Color or Race white **12.** Age at time of THIS birth 38 yrs.
13. Birthplace State of Kentucky (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Minerva Castell
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Polk County, Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 P. M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Counterman (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JAN 6 1942 (Date received) (b) Mabel Heath (Registrar's signature)

25. Attendant's **OWN** signature Ethel Meek Storm M.D. (D.O., Midwife, etc.) and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Oregon } ss.
County of Coos }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Sarah Counterman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ethel Meek (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Castell (Name of attendant at birth), who attended said birth who is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

NOTARIAL COMMISSION EXPIRES May 2, 1943

/ Sarah Minnerva Counterman Signature
Bandon, Oregon P. O. Address

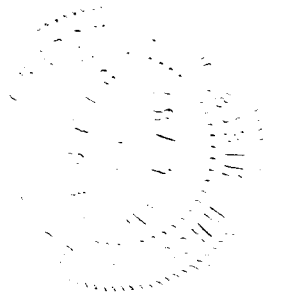
Subscribed and sworn to before me on this 26th day of December, 1941
(SEAL) John Nilson Notary Public, residing at Bandon, Oregon

JAN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



JAN 6 1942

328073

United States 25571300 8 (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce 369 **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Granite Creek
(c) Street Address or R.F.D. No. Placerville Post Office
(d) Name of Hospital or Maternity Home: at Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 11 months 19 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Granite Creek, Placerville Post Office
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Granite Creek Idaho

4. FULL NAME OF CHILD John Joseph Kennedy

5. Date of Birth of Child (Month, day, year) Oct. 13, 1893

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Kennedy
11. Color or Race white **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Washington, D.C. (City or town) (State or foreign country)
14. Exact Occupation Placer Mining
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Helena Corcoran
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Granite Creek, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 48 years, and that Mrs. J. Leary (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Hanora Garrecht Signature
624 N. Cypress Ave, Fontana, Cal. P.O. Address

Subscribed and sworn to before me this 31st day of Dec., 19 41.
(SEAL) Lucy L. Edmunds Notary Public, residing at Fontana, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by Mabel Hedelun, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

JAN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 7 1942

328379

United States 43-12-1 (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce (35-759) **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census **STATE OF IDAHO** Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county unknown years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Unknown yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston, Idaho

4. FULL NAME OF CHILD Algy Leslie McKenzie

5. Date of Birth of Child (Month, day, year) April 12, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Edward McKenzie (~~now deceased~~)
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace New Glasgow, Nova Scotia, Canada (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Ann Gerald (~~now deceased~~)
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Winnipeg, Manitoba, Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 48 years, and that unknown (First name) unknown (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. S. H. Keogh Signature
Lenore Idaho P. O. Address

Subscribed and sworn to before me this 31st day of December, 1941.
(SEAL) ____ Notary Public, residing at Lenore Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 7 1942

328383

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Forest
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Forest
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harry Blatchley Smailes

5. Date of Birth of Child (Month, day, year) June 14, 1893

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Smailes
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Walla Walla (City or town) Washington (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business Stage Line

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Blatchley
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Eugene (City or town) Oregon (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 44 years, and that Mrs. George Nelson (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Carrie Franklin Signature
1416 - Idaho Street Lewiston, Idaho

Subscribed and sworn to before me this 3 day of January, 1942,

(SEAL) Ruby Weisgerber Notary Public, residing at Lewiston Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

EX-OFFICIO AUDITOR AND RECORDER

Received for filing on JAN 7 1942 by Maurel H Eddleman, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-130 004-354

328504

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 13 1942 CERTIFICATE OF BIRTH STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BEAR LAKE (b) City MONTPELIER
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BEAR LAKE
   (c) City MONTPELIER
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? % yrs.

3. **RESIDENCE OF FATHER** (city, state) MONTPELIER, IDA

4. **FULL NAME OF CHILD** ELMER STRONG BURGOYNE

5. Date of Birth of Child (Month, day, year) AUG. 30, 1893

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** EDWARD LORENZO BURGOYNE
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace NEAR FT. BRIDGER, WYOMING (City or town) (State or foreign country)
14. Exact Occupation MERCHANT
15. Industry or Business CLOTHING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JACOBINA (MINNIE) CEDERLUN
17. Color or Race WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace GOTHLAND, SWEDEN (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business HOME KEEPER

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 48 years, and that FRANCES BRIDGES (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Burgoyne Signature

MONTPELIER, IDAHO. P. O. Address

Subscribed and sworn to before me this 12th day of January 19[illegible]

(SEAL) Albert W. Jones Notary Public, residing at [illegible] Ida

Notary Public residing at Montpelier, Idaho
My Commission Expires April 14, 1947

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Maud H. Eldredge, Registrar.

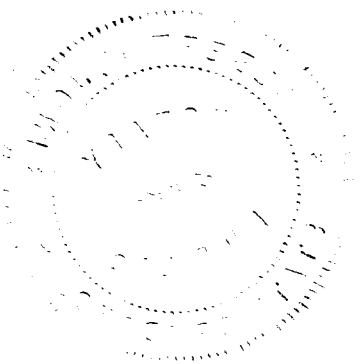
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



JAN 9 1942 745 714 1945 533

328534

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Alturas (b) City Broadford
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Alturas (b) County Broadford
(c) City
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Broadford, Ida.

4. FULL NAME OF CHILD Cornelius Ellis Grenfell

5. Date of Birth of Child (Month, day, year) March 14, 1893

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ernest Albert Grenfell
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Tregonebris, Sancreed, R.S.D. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Ellis
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Tregonebris, Sancreed, R.S.D. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 48 yr. 9 mo. years, and that Mrs. Jane Stitt (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Bryden Signature
#52 Chestnut Apts, Long Beach Calif. P. O. Address

My Commission Expires Aug. 29, 1944
Subscribed and sworn to before me this 7th day of January, 19 42.
(SEAL) Melora P. Derbower Notary Public, residing at Long Beach, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by Mabel H Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 8 1942 954-123045 366

328537

United States
Department of Commerce
Bureau of the Census Alturas

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Blaine~~ Alturas
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD Whitton Albert Redsull

5. Date of Birth of Child (Month, day, year) Jan. 23, 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Sutherland Spence Redsull
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Sauvis Island, (City or town) Oregon (State or foreign country)
14. Exact Occupation Freighter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Kearsage Coone
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Sacramento, (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Oregon
County of Malheur } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for since his birth years, and that no physician (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thos Sutherland Redsull Signature

Ontario, Oregon P. O. Address

Subscribed and sworn to before me this 7th day of January, 1942

(SEAL) W. N. Brooks Notary Public, residing at Ontario, Oregon.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com exp 11-19-43

Received for filing on JAN 8 1942 by Maud K. Eldredge, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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192-110 001448 328612

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328612
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1520 N. 6th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1520 N. 6th St.
(e) How long has **MOTHER** lived in Idaho? all 28 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Edward Gladstone Aikens

5. Date of Birth of Child (Month, day, year) June 10, 1893

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 5th. **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Hugh Aikens
11. Color or Race white **12.** Age at time of THIS birth 35 yrs
13. Birthplace Callenton, Ont. Canada (City or town) (State or foreign country)
14. Exact Occupation carpenter.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine M. Doherty
17. Color or Race white **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Redruth, Cornwall Eng. (City or town) (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Nevada } ss.
County of Humboldt }

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 48 years, and that Dr. Bowers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Laura Aikens Smith, Signature
Box 563, Winnemucca, Nevada. P. O. Address

Subscribed and sworn to before me this 3rd day of January, 19 42.

(SEAL) ..... Notary Public, residing at Winnemucca, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 19 - 1942 by Mabel T. Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 12 1942

328638

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328638
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City or Idaho
(c) Street Address or R.F.D. No. Spokane Bridge
(d) Name of Hospital or Maternity Home: None at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Spokane Bridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD John Frederick Denison

5. Date of Birth of Child (Month, day, year) Dec. 9 - 1893

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lee Emmitt Denison
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Marie Downey
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Terre Haute (City or town) Indiana (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother—(a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of WASHINGTON
County of Spokane } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for since birth years, and that Mrs. Finch (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission expires June 21, 1943

Agnes Marie Downey Signature
Liberty Lake, Washington P. O. Address

Subscribed and sworn to before me this 10th day of January, 19 42

(SEAL) Isabelle V. Smith Notary Public, residing at Opportunity

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Maud M. Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 3 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

[redacted]

962-113-022-236

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328861
Local Reg. No.
Reg. Dist. No.

Form approved Budget Bureau No. 41-R1

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Fremont~~ Madison (b) City Rexburg
(c) Street Address or R.F.D. No. R.F.D. 3
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. R.F.D. 3
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Idaho

4. FULL NAME OF CHILD Elvan Augustus Robertson

5. Date of Birth of Child (Month, day, year) Dec. 13-1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Nathanial Robertson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Ontario (City or town) Canada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ann Jeanette Stockfled
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ann Jeanette Robertson (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Ann Arville Wilson M.D. Midwife Address Date

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by Mary F. Eddie, Registrar.

JAN 1 3

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-111-029-159

328863

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Princeton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Everett William Harvey

5. Date of Birth of Child (Month, day, year) Jan. 11-1893

6. Sex Male

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME William Z. Harvey

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Bates, Co. (City or town) Missouri (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Jane Jermiah

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Henry Co. (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Kootenai }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 49 years, and that Susan (First name) Jermiah (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ William Z. Harvey Signature
1719 Golf Way Coeur d'Alene P.O. Address

Subscribed and sworn to before me this 13th day of January, 1942

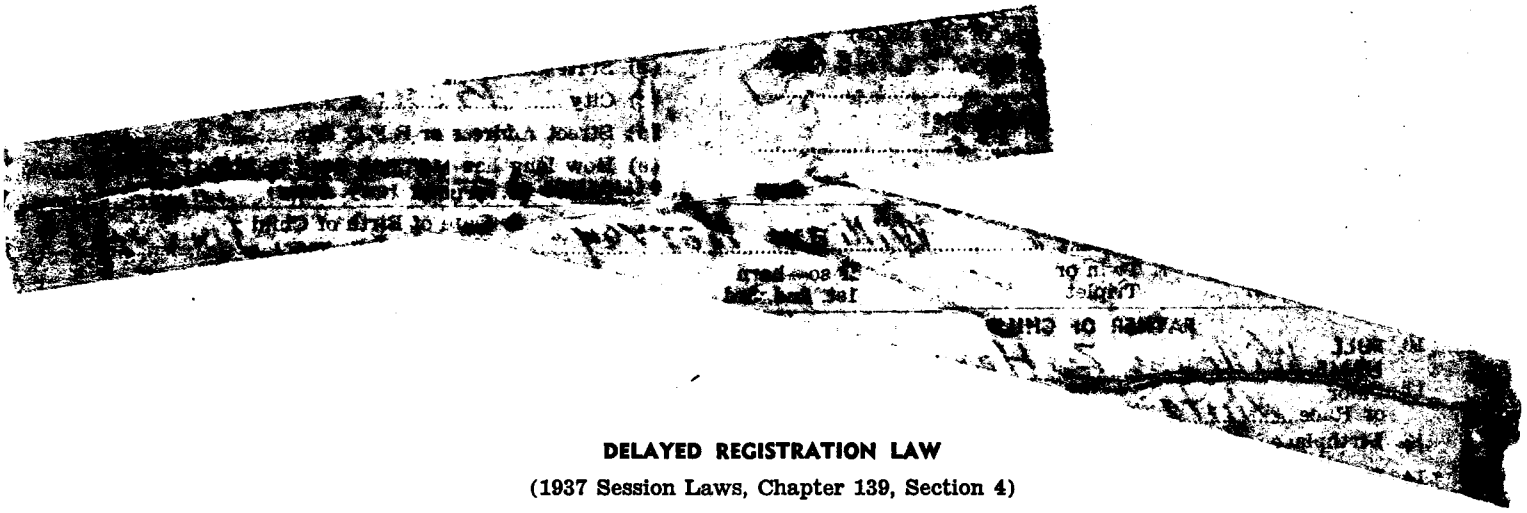
(SEAL) M. E. Francisco Notary Public, residing at Coeur d'Alene,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JAN 16 1942 by Mary E. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19



DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-205 1004-855 328905

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO JAN 19 1942

State File No. 328905
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Paris
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years 4 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Paris
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11/3 yrs.
(f) Mother's mailing address General Delivery

3. RESIDENCE of FATHER (city, state) Paris, Idaho

4. FULL NAME OF CHILD Anna Bertha Rosen

5. Date of Birth (Month, day year) Nov. 5, 1893

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Gottlieb Rosen
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maria Barbara Henke [illegible]er
17. Color or Race White **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 19 1942 (Date received) (b) Mary E. Rosen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Bear Lake }

I, E. Louis Schreiber, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Anna Bertha Rosen (Name of person on certificate above) as half Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Christian Brunde (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

E. Louis Schreiber Signature
Montpelier Idaho Address

Subscribed and sworn to before me on this 16th day of January 1942

(SEAL) Levi Aland Notary Public residing at Montpelier, Idaho

LEVI ALAND
NOTARY PUBLIC
MONTPELIER, IDAHO
MY COMMISSION EXPIRES
DECEMBER 15, 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-130-004-619 329042

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329042
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City PARIS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Dwelling
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Paris
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Paris, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Morani Minson

5. Date of Birth (Month, day year) 5/30/1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Minson
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Shoe Maker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Ward
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 5 (c) Born alive and now dead 7 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) JAN 24 1942 (Date received) (b) ..... (Mother, etc.) ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Eliza A Anderson, being first duly sworn, say that I am Eldas Sister (Related to (or) acquainted with) Morani Minson (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs D. J. Gray (Name of attendant at birth), who attended said birth Mrs D. J. Gray (Is now deceased (or) cannot be located) Is Deceased, and that this birth **has not been previously recorded.**

Eliza A Anderson Signature
1800 Fair 2nd St Alhambra P. O. Address

Subscribed and sworn to before me on this 19th day of January 1942

(SEAL) E E Eccelley Notary Public, residing at Ontario, Calif.

JAN 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-106-025-413

329071

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 19 1942

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 6 9 yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum Ida

4. FULL NAME OF CHILD Glenn Milton Sherwood

5. Date of Birth of Child (Month, day, year) 12-9-1899

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Charles Laurence Sherwood
11. Color or Race American **12.** Age at time of THIS birth 31 yrs.
13. Birthplace South Burton (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruby Altaret Mattison
17. Color or Race American **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Renton (City or town) Michigan (State or foreign country)
20. Exact Occupation Domestic
21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Michigan } ss.
County of Kalamazoo }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 48 years, and that Unknown (First name) ..... (Last name), who attended this birth..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws of Idaho.

NOTARY PUBLIC Kalamazoo County, Mich.
My Commission Expires August 7th, 1945

Leland R Mattison Signature
Vicksburg Mich P. O. Address

Subscribed and sworn to before me this 14th day of Jan, 1942

(SEAL) L L Crouse Notary Public, residing at Vicksburg Mich

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

[redacted] a child born prio[redacted] 19[redacted]sion Laws, has not [redacted] birth which has o[redacted] be received and file[redacted] of Vital Statistics [redacted] 2, Title 38, Idaho [redacted] report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-1[illegible]0 03253

JAN 15 1942

329129

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329129
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Willstack Row
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county One years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Willstack Row
(e) How long has **MOTHER** lived in Idaho? Bne yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD George Earle Jones

5. Date of Birth of Child (Month, day, year) October 18, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Horace Jones
11. Color or Race Canadian
12. Age at time of THIS birth 26 yrs.
13. Birthplace Ohawa (City or town) Canada (State or foreign country)
14. Exact Occupation Conductor
15. Industry or Business Oregon Shorthine Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sadie Kelly
17. Color or Race American
18. Age at time of THIS birth 21 yrs.
19. Birthplace Jackson County - Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 48 years, and that Mae Dorton (First name) (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true, to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Nadine Jones Signature

1102 Harvard Blvd, Los Angeles Cal. P. O. Address

Subscribed and sworn to before me this [illegible] day of January, 19 42

(SEAL)

Notary Public, residing at [illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public in and for the County of Los Angeles, State of California

My Commission Expires May 2, 1942

Received for filing on JAN 15 1942 by [illegible], Registrar.

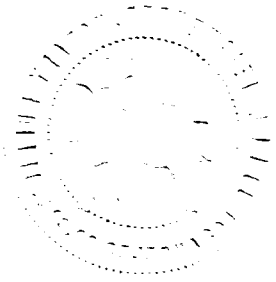
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be~~ received ~~and filed~~ by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



755-104-008413

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329143
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Horseshoe Bend
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: child born at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Horseshoe Bend
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Horseshoe Bend Idaho

4. **FULL NAME OF CHILD** Robert Wiley Penrod

5. Date of Birth of Child (Month, day, year) 12/4/1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Penrod
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Modale, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Agnes Daley
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace "unknown", California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Boise }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for all his life years, and that Mary Daley (midwife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Penrod Signature

Idaho City, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of January, 19 42

(SEAL) Claude V. Marcus Notary Public, residing at Idaho City, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643-223-022-331

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329236
JAN 22 1942
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St Anthony Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) St Anthony Ida.

4. FULL NAME OF CHILD Gwendolyn Williams

5. Date of Birth of Child (Month, day, year) Nov 23 1893

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William David Williams
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Alltwen Glamorganshire Wales. (City or town) (State or foreign country)
14. Exact Occupation Business Man and Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Melvina Clark
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Utah } ss.
County of Carbon }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 48 years, and that Mary Sorenson, mid-wife (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Alice M Williams Signature
158 N 3rd East, Price, Utah P. O. Address

Subscribed and sworn to before me this 15 day of January, 1942.
(SEAL) George E Ockey Notary Public, residing at Price Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Jan. 8, 1946

Received for filing on JAN 22 1942 by Mavel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 ? 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-103-023-096

330377

330377

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charls Mapolian Sloper

5. Date of Birth of Child (Month, day, year) 3-3-93

6. Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 mo **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charls Amous Sloper
11. Color or Race white **12.** Age at time of THIS birth 29½ yrs.
13. Birthplace Boise Valley (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mague Brookshier
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace (City or town) Arkansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Non

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Annie Coble (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Annie Coble M.D. Midwife Address 910 N. 7 St Date 1-27-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by Mabel E. Hodges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-129-029-195

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 24 1942

State File No. 330417

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Troy

(c) Street Address or R.F.D. No. R F D

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah

(c) City Troy

(d) Street Address or R.F.D. No. R F D

(e) How long has **MOTHER** lived in Idaho? Most of life yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD Clarence Lynn Corrin

5. Date of Birth of Child (Month, day, year) June 29, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Edward Corrin

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Wilton (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Arnott

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Delphi, Indiana (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for ..... years, and that Mrs. Mary Arnott (First name) a Mrs. Sheridan (Last name) attended this birth are now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Joseph E. Corrin Signature

Lapwai, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1942

(SEAL) Russell W. [illegible] Notary Public, residing at Lapwai, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Maud E. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

MAR 17 1943

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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891-107.003-795

330518

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Chesterfield
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Chesterfield
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Leslie Frank Hiatt

5. Date of Birth of Child (Month, day, year) 6/7/1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leslie Willard Hiatt
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Corrinne (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Angelener Pierson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. ~~Name~~ prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 48 years, and that Christine Higginson, mdwife (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amos M Pierson Signature
Box 588 Lakeview, Oregon P. O. Address

Subscribed and sworn to before me this 13 day of January 19 42

(SEAL) Verna Harrington Notary Public, residing at Lakeview Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm Expires 4-20-43

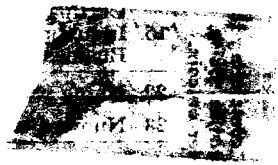
Received for filing on 1-26-42 by Maud F Ledger, Registrar.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



993-218-003-693

330586

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Shattuck Row
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months 29 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Shattuck Row
(e) How long has **MOTHER** lived in Idaho? 9 mos & 29 days yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD Wilhelmina Veronica Ritterbusch

5. Date of Birth of Child (Month, day, year) August 18 1893

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mos. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Ritterbusch
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Nebraska City (City or town) Nebraska, U.S.A. (State or foreign country)
14. Exact Occupation Baggage Dept. Oregon Short Line R.R.
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Witt
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace St. Libory (City or town) Illinois, U.S.A. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oklahoma } ss.
County of Grady }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 48 years, and that Dr. O. B. Steeley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise Witt Ritterbusch Signature

..... P. O. Address

Subscribed and sworn to before me this 29th day of December, 19 41

(SEAL) Ray M. Williams Notary Public, residing at Chickasha, Oklahoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by ..... Registrar.

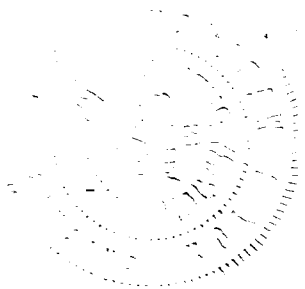
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 10 1942 866-125-016-344

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330604
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 61 yrs.

3. RESIDENCE OF FATHER (city, state) Burley, Ida.

4. FULL NAME OF CHILD Bernice B. Howells

5. Date of Birth of Child (Month, day, year) Aug. 25. 1893

6. Sex male

7. Twin or Triplet one

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Price Howells
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Tooele City, Utah. (City or town) (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business X

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Cummins
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Grantsville, Utah. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 49 years, and that Sarah Bates Midwife (First name) (Last name), who attended this birth is now deceasdd (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Benjamin Price Howells Signature
Burley, Idaho, P. O. Address

Subscribed and sworn to before me this 9th day of January, 1942,
(SEAL) ..... Notary Public, residing at Burley, Idaho,
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by Mary Teal, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

146-213-045-849

330725

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ALTURAS (now BLAINE County) (b) City KETCHUM
(c) Street Address or R.F.D. No. HOME
(d) Name of Hospital or Maternity Home: NONE R.T. HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County THEN (ALTURAS) NOW (BLAINE)
(c) City KETCHUM
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD Viola May (Duffy) Duffy

5. Date of Birth of Child (Month, day, year) March 12 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Michael O'Leary Duffy
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace CORK MINES (City or town) NEW BRUNSWICK (State or foreign country) CANADA
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MERTIE DELL HURSH
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace NEAR CASEYVILLE (City or town) ILL. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature ALL ATTENDANTS M.D. Midwife Address DECEASED. Date

State of California } ss.
County of San Francisco }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 48 years, and that Gertrude Mullane (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC in and FOR THE CITY & COUNTY of SAN FRANCISCO of CALIFORNIA
My Commission Expires Sept. 3, 1945

Mertie Dell Duffy Signature
2019 - 12th Avenue San Francisco Cal. P. O. Address

Subscribed and sworn to before me this 23rd day of January, 1942.

(SEAL) John H. Coakley Notary Public, residing at 360 West Portal Ave San Francisco, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by Mabel H. Eaton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

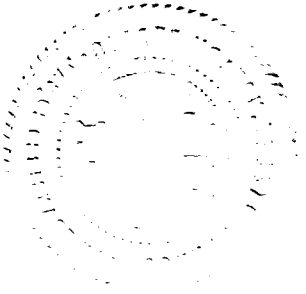
JAN 29 1942

AUG 14 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



864-101-029-239

330764

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county / years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? / yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Frank Nelson Young jr

5. Date of Birth of Child (Month, day, year) April 1, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alexander Young
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Anne Scritchfield
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) Not known (State or foreign country) Missouri
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child / (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of OREGON
County of DESCHUTES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 75 years, and that Don't remember (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alexander Young Signature

Albany, Oregon P. O. Address

Subscribed and sworn to before me this 14th day of January, 19 42

(SEAL) Elmer Schlueter Notary Public, residing at Bend, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1942 by Mark Tyler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each cer. filed copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effecti[redacted] Chapter 191, 1911 Session Laws, has not been recorded, or [redacted] failure to report any birth which has occurred subsequen[redacted] date, such report may be received and filed by the local re[redacted] record in the Bureau of Vital Statistics for the purposes [redacted] prescribed in Chapter 2, Title 38, Idaho Code Annotated, w[redacted] report is accompanied by a certificate of the attending phy[redacted] midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-125-016-364

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331003
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley Idaho

4. **FULL NAME OF CHILD** Glen Gowan Mc Bride

5. Date of Birth of Child (Month, day, year) 11/25/1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elam Wells Mc Bride
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Urilda Janette Todd
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Grantsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 49 years, and that Sarah Bates (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes Jo M. Dunmire Signature
211 West 74 St. Los Angeles California Address

Subscribed and sworn to before me this 19 day of January, 1942

(SEAL) S. E. Nightingale Notary Public, residing at Los Angeles Cal

My Commission Expires July 16, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by Mabel Hedden, Registrar.

Use only BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

195-22-029-643

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 29 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331099
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? four yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick Ida

4. **FULL NAME OF CHILD** Ruth Belle Arnold

5. Date of Birth of Child (Month, day, year) Jan 22 - 1893

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy nine 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willis Arnold
11. Color or Race white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Kenton (City or town) Ohio (State or foreign country)
14. Exact Occupation Miller Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Eugene Enkerson
17. Color or Race white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Rochester (City or town) Minn. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at eleven P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary E. Langton (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 38 years, and that Willis Arnold (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Mary E. Langton Signature

Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 27th day of January, 1942

(SEAL) Walter E. Sudbury Notary Public, residing at Lewiston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Mabel Thelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239/108029-242

331534

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Avon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Avon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Zero yrs.

3. RESIDENCE OF FATHER (city, state) Avon Idaho

4. FULL NAME OF CHILD Charles Richard Stratton

5. Date of Birth of Child (Month, day, year) Nov. 8 - 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Edward Stratton

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Elkton (City or town) South Dakota (State or foreign country)

14. Exact Occupation Woodsman

15. Industry or Business and Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Ellen Burkhardt

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Brooklyn (City or town) Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for ..... years, and that Madame Jaina (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Maud E. (Stratton) Battger Signature

1711 Lakeside Court Dalzie P. O. Address

Subscribed and sworn to before me this 23rd day of January, 1942 Idaho

(SEAL) Las M. Thole Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-118 006-331

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331687
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Near what is now Victor
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Henry Edward Bowles

5. Date of Birth of Child (Month, day, year) Oct. 18, 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Cornack Bowles

11. Color or Race white

12. Age at time of THIS birth 44 yrs.

13. Birthplace Virginia (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Own

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Rebecca Clark

17. Color or Race white

18. Age at time of THIS birth 42 yrs.

19. Birthplace Virginia (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business Own.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Viola Bowles Drake (First name) (Last name), who is related to this child as ~~Sister~~ (~~Mother, etc.~~)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Teton }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 48 years, and that Lavina (First name) Drake (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Bowles Drake Signature
Victor, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of January, 19 42

(SEAL) Mrs. Strong Notary Public, residing at Driggs, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493 206 006-736

331722

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 30 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Bingham (b) City Soda Springs
   (c) Street Address or R.F.D.No. None
   (d) Name of Hospital or Maternity Home: Not confined in Hosp. or Maternity Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 5 years -- month -- days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Bingham
   (c) City Soda. Springs.
   (d) Street Address or R.F.D.No. None
   (e) How long has **MOTHER** lived in Idaho? 44 yrs.
   (f) Mother's mailing addres Soda Sprgs, Ida.,

3. **RESIDENCE of FATHER** (city, state) Soda Sprgs. Ida.

4. **FULL NAME OF CHILD** Clara. Myrtle. Miller

5. Date of Birth (Month, day year) June. 6 - 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George. Albert. Miller
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Beaver dam Arazonia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lulia. Virginia. Glauner
17. Color or Race White
18. Age at time of THIS birth 20 yrs
19. Birthplace Watterville Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House. wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JAN 30 1942 (Date received) (b) Mabel Heller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date

State of Oregon
County of Baker } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Albert Miller, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clara Myrtle Miller (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah E. Glauner (Name of attendant at birth), who attended said birth is now deceased (Is now deceased, Notary cannot be located) and that this birth has not been previously recorded.

George. Albert. Miller Signature

2435 Church St., Baker, Oregon P. O. Address

Subscribed and sworn to before me on this 22 day of January, 1942

(SEAL) Lawrence M. Neault Notary Public, residing at

LAWRENCE M. NEAULT, Notary Public
State of Oregon
My Commission Expires February 12, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

363-107-007-249

331723

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BLAINE (b) City BELLEVUE
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 3 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BLAINE
(c) City BELLEVUE
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) BELLEVUE, Idaho

4. FULL NAME OF CHILD JAMES EDWARD LOCKE

5. Date of Birth of Child (Month, day, year) JUNE 7, 1893

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JAMES Albert LOCKE
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace EUGENE (City or town) OREGON (State or foreign country)
14. Exact Occupation PRINTER
15. Industry or Business BELLEVUE HERALD

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNA Burnett Smith
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace MALAD (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of MONTANA, County of FLATHEAD } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 48 years, and that DR. DANIEL LOCKE (First name) (Last name), who attended this birth, IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna B Locke Signature

KALISPELL MONTANA P. O. Address

Subscribed and sworn to before me this 27th day of January, 19 42

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

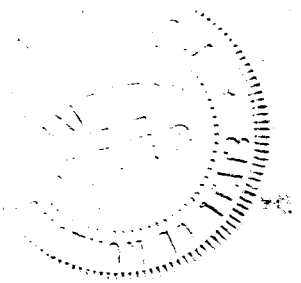
OCT 3 1955

9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



268 126 036 459

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 6 1942 CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. 331826
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Doctor Drake
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ✓ years ✓ months ✓ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 81 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Virge Leo Boyce

5. Date of Birth of Child (Month, day, year) Oct 26-1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Myron Boyce
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Spanish Fork (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Margaret Merrick
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at a.m. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 49 years, and that Dr. Drake (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida M Boyce Signature
Lava Hot Springs Idaho P. O. Address

Subscribed and sworn to before me this 5 day of February, 1942

(SEAL) [illegible] Notary Public, residing at Notary Public.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by [illegible], Registrar.

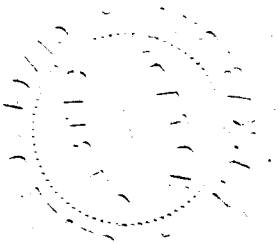
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



912-227-022-154

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331860
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Kilgore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 4 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Kilgore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Kilgore, Ida.

4. FULL NAME OF CHILD Mary Elizabeth Rasmussen

5. Date of Birth of Child (Month, day, year) July 27, 1893

6. Sex female

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Good Rasmussen
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Kaysville, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Anderson
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Mill Creek, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 48 years, and that Rosie (First name) Talbot (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Rasmussen Signature

736 W Bonneville Ave. Apt. P. O. Address

Subscribed and sworn to before me this 2nd day of January, 19 42

(SEAL) Dorothy E. John Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mabel Fielden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

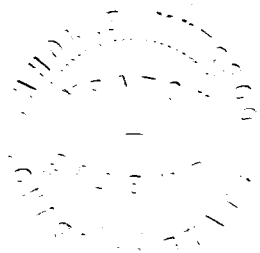
FEB 10 1942

DEC 17 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



231 121 006-258

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331876
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Menan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Menan
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Menan Idaho

4. FULL NAME OF CHILD Keyes Milington Blair

5. Date of Birth of Child (Month, day, year) Oct. 21, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Joseph Blair
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Kathleen Keyes Blair
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Beaver Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Tulare } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 46 years, and that Mrs. Pool (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Joseph Blair Signature

616 E. Race St. Visalia, Calif. P. O. Address

Subscribed and sworn to before me this 2nd day of January, 1942

(SEAL) ..... Notary Public, residing at Visalia Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962 109 029 313

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 2 1942

State File No. 331889
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City KENDRICK
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 5 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD LESLIE EDWIN ROBERTS

5. Date of Birth of Child (Month, day, year) Oct. 9th 1893

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME FRANK W. ROBERTS
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace HARRISBERG (City or town) PENN. (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME OLIVE E. CALLISON
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace LASENE (City or town) KANSAS (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 49 years, and that Unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank W. Roberts Signature
KENDRICK, IDAHO P. O. Address

Subscribed and sworn to before me this 31st day of Jan., 19 42

(SEAL) Notary Public, residing at Kendrick

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mark H. Nelson, Registrar.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349 117-008-366 FEB 11 1942 331945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331945
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise (b) City Idaho City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Ashley Harold Turner

5. Date of Birth (Month, day year) Aug 17th 1893.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Turner Ashley Turner

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace St Bernard La. (City or town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frankie Ann Cooper

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Idaho City Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Frankie Close (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 11 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs C. G. Close, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Ashley Harold Turner (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws and that the facts contained therein are true to the best of my knowledge. I further state that Dr Newman Gift, who attended (Name of attendant at birth) said birth is now deceased and that this birth **has not been previously recorded.** (Is now deceased (or) cannot be located)

Mrs C. G. Close Signature
R-1-Boise Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of Oct., 1941.

(SEAL) E. E. Sanders Notary Public, residing at Boise

342

OCT 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

439-108 037 - 295

331957

United States Department of Commerce Bureau of the Census

FEB 13 1942 Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331957
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Oreana
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Oreana
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oreana, Idaho

4. **FULL NAME OF CHILD** Lyle Carman Ulrich

5. Date of Birth of Child (Month, day, year) Oct. 8 - 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Eugene Martin Ulrich
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Rome (City or town), New York (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Ella Breeze
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace New York City (City or town), N.Y. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person ~~for~~ Since Birth ~~years~~, and that Mrs. Sarah Goff (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X. Ervin Ulrich Signature

P. O. Address

Subscribed and sworn to before me this 12th day of February, 1942.

(SEAL) Clark [illegible] Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by, Registrar.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215 218003-366

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332019
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Oxford Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: My sisters home in Oxford Ida
(e) Mother's stay BEFORE delivery: IN THIS county years months one days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Altusis
(c) City Howe
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 70 yrs.

3. RESIDENCE OF FATHER (city, state) Howe

4. FULL NAME OF CHILD Florence Sands

5. Date of Birth of Child (Month, day, year) July 18, 1898

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Clarence Dr Sands

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Born in Illinois (City or town) (State or foreign country)

14. Exact Occupation Farming and cattle Business

15. Industry or Business until death 36 years ago

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Cooper

17. Color or Race white American

18. Age at time of THIS birth 36 yrs.

19. Birthplace Oxford Idaho born 12 years ago (City or town) (State or foreign country)

20. Exact Occupation taught School

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 48 years, and that Dr. Baugh (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Sands Signature

Lava Hot Springs Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1942

(SEAL) [illegible] Notary Public, residing at Lava Hot Springs Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-22-4022-556

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

FEB 4 1942 STATE OF IDAHO

State File No. 332114
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Freemont (b) City St. Anthony
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Riverside Hotel.
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Freemont
   (c) City St. Anthony.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony Ida.

4. **FULL NAME OF CHILD** Lula Ann Delong.

5. Date of Birth of Child (Month, day, year) Aug. 28, 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Francis Marion Delong.
11. Color or Race White
12. Age at time of THIS birth 53 yrs.
13. Birthplace Fort Wayne (City or town) Indiana (State or foreign country)
14. Exact Occupation owned Riverside Hotel
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Newton.
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Cincinnati (City or town) Ohio (State or foreign country)
20. Exact Occupation owned Riverside Hotel.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag no3 2%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Washington } ss.
County of Clark }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) BTO of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 49 years, and that Lula Ann (First name) Delong (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lloyd V. Long. Signature

206 E 12th Vancouver, Wn. P. O. Address

Subscribed and sworn to before me this 3 day of February, 1942

(SEAL) ..... Notary Public, residing at Vancouver

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. ## 552114

State of Ohio }
County of Clermont } ss.

Date Filed APR 20 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lula Ann Delong (Name on Original Certificate) who born (Was Born or Died) on Aug 28-1893 (Date of Event)
in St. Anthony Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on in year of 1893 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Age of Brother on affidavit	52	51
Attending physician	Lula Ann Delong	leave blank
Age of LULA ANN Delong	49	48

Subscribed and sworn to before me this 4
day of April 1942

Notary Public, residing at Batavia

My commission expires Jan. 6, 1946
(Seal)

Signed Lloyd D. Long (Brother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ohio }
County of Clermont } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 th.
day of April 1942

Notary Public, residing at Milford Ohio

My commission expires
(Seal)

J. B. LOIZ
Notary Public in and for Clermont Co., Ohio
My Commission Expires No. 2-2-1942

Signed Mattie Newton
(Signature of Any Credible Person Other Than Previous Year)

437 Garfield Ave.
(Street Address, City, State)
Milford Ohio

249 - 208 - 244 - 245

FEB 14 1942

332201

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332201
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Court Street
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Court Street
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Hazel Smith

5. Date of Birth of Child (Month, day, year) 3-9-1893

6. Sex Female **7.** Twin or Triplet twin If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Isaac Franklin Smith
11. Color or Race White **12.** Age at time of THIS birth 49 yrs.
13. Birthplace Truckee (City or town) California (State or foreign country)
14. Exact Occupation Clerk District Court
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Hunt
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Salt Lake (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 49 years, and that Dr. C. B. (First name) Shirley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Smith Signature
1301 Hays, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of February, 1942

(SEAL) Nina McDonald Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by ____, Registrar.

JAN 23 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-120-029-249

332426

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 6 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Clair Alfred Hammond

5. Date of Birth of Child (Month, day, year) June 20, 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Cary Boardman Hammond
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Batavia, (City or town) Ill. (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Leota Smith
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Richford (City or town) Vermont (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Deceased Date

State of Washington
County of Thurston } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 5 years, and that Dr. E. W. Watkins (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena Leota Hammond Signature

1067 Jefferson St. Olympia, Washington. P. O. Address

Subscribed and sworn to before me this 27th day of January, 1942

(SEAL) Geo. L. Hannigan Notary Public, residing at Olympia, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by Mabel Heeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-110-044-113

3 3 2450

332450

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332450
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth).
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Shirley Adams

5. Date of Birth of Child (Month, day, year) Jan. 10, 1893

6. Sex Male

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Willoughby Adams
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Mt. Vernon, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Willie Ann Jackson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Atchison (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 49 years, and that Doctor (First name) Shirley (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida A. Jones Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of February, 1942

(SEAL) ____ Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 '42

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-128 907 9613

FEB 18 1942

332496

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332496
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BLAINE (b) City BELLEVUE
(c) Street Address or R.F.D. No. MAINE ST.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BLAINE
(c) City BELLEVUE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) BELLEVUE, IDA.

4. FULL NAME OF CHILD WILLIAM EDWARD ERNEST COOPER

5. Date of Birth of Child (Month, day, year) Oct. 28, 1893

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thos. MATARNIE Cooper

11. Color or Race WHITE

12. Age at time of THIS birth 44 yrs.

13. Birthplace STELLY Co. ILL. (City or town) (State or foreign country)

14. Exact Occupation STONE MASON

15. Industry or Business SAME

MOTHER OF CHILD

16. FULL MAIDEN NAME ROSE ANN Rathbone

17. Color or Race WHITE

18. Age at time of THIS birth 33 yrs.

19. Birthplace LIN. Co. KANSAS. (City or town) (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business HOUSE WIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature ✓ M.D. Midwife Address Date

State of IDAHO } ss.
County of ADA }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for LIFETIME years, and that DR. (First name) GOODMAN (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Jackson
Signature

Box 435
P. O. Address

Subscribed and sworn to before me this 18th day of June, 1947

(SEAL)

Notary Public, residing at Boise Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by Maud Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 18 1942

SEP 3 1958
NOV 30 1960

DELAYED REGISTRATION LAW

~~(1937 Session Laws, Chapter 189, Section 4)~~

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414116 022-762

United States
Department of Commerce
Bureau of the Census Fremont

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No. 332518
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Jefferson~~ Fremont
(c) City Rigby
(d) Street Address or R.F.D. No. #1
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Howard Elmo Madsen

5. Date of Birth of Child (Month, day, year) Nov. 16th, 1893

6. Sex male **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd 3 **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hans Peter Madsen
11. Color or Race white **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Salt Lake County, Utah. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Ella Robbins.
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Willard, Utah. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 48 years, and that Aby Mathias (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hans Peter Madsen Signature
Rigby, Idaho. P. O. Address

Subscribed and sworn to before me this 14th day of February, 19 42.
(SEAL) Ruth R. Bennett Notary Public, residing at Rigby, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

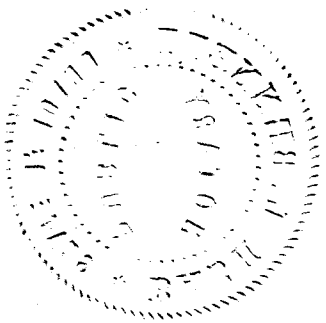
Received for filing on FEB 16 1942 by ..... Registrar.

FEB 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



7B 113-029 493

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332575
Local Reg. No. 12
Reg. Dist. No. 210

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 1 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Roy Dickson Patchen

5. Date of Birth of Child (Month, day, year) Nov. 13, 1893

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Orlaski Patchen
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Ashtabula (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Jane Dickson
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Hampshire (City or town) Ill. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon } ss.
County of Douglas }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for all his life years, and that Mrs (First name) Plank (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ida Jane (Dickson) Patchen Signature
Drain Oreg. P. O. Address

Subscribed and sworn to before me this 2 day of February, 1942
(SEAL) Lon C. Applegate Notary Public, residing at Drain

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2/4 1942 by W. A. Shaw, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253 128 001 765 332656

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 10 1942

State File No. 332656
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ADA
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Carl Edward Beckmann

5. Date of Birth of Child (Month, day, year) June 28, 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Emil Beckmann
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Goeldner
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for since his birth years, and that Dr. Bowers (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Beckmann Smead Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of February, 19 42

(SEAL) Emma E. Thompson Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Co. expires Oct. 5, 1945.

Received for filing on FEB 10 1942 by Mabel [illegible], Registrar.

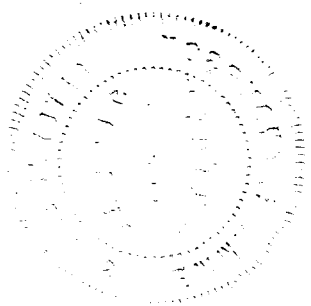
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MAR 31 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Orpha Ellen Hawkins

5. Date of Birth of Child (Month, day, year) Oct 19, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse Thomas Hawkins
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Polk Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Theresa Louise Lorenz
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Provo (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 68 years of age, that I have known this person for 48 years, and that (First name) Leonard (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josiah Lorenzen Signature
1908 N 15th St Boise, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942.

(SEAL) Lois M. Lorenzen Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Mabel E. Eden, Registrar.

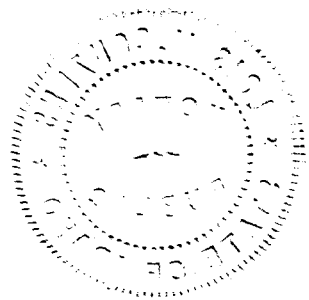
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 14 1942

State File No. 332881
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Santa
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Santa
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Santa, Idaho

4. FULL NAME OF CHILD Howard Emerald Williams

5. Date of Birth of Child (Month, day, year) Feb. 17, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Normal

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Wesley Williams
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Ashley, Missouri (City or town) (State or foreign country)
14. Exact Occupation Homesteader
15. Industry or Business Farming and Timber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Elizabeth Frein
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace St. Louis, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming and Timber

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 48 years, and that Mrs. Sibelia Roberts (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. C. W. Williams Signature
Palouse, Washington P. O. Address

Subscribed and sworn to before me this 10th day of February, 19 42

(SEAL) L. L. Smith Notary Public, residing at Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by ____ Registrar.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-223 040765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 19 1942

State File No. 332941
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County SHOSHONE (b) City KELLOGG
(c) Street Address or R F D No. 120 RR AVE.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 3 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County SHOSHONE
(c) City KELLOGG
(d) Street Address or R.F.D. No. 120 RR AVE.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** ROSE MARIE ALBINOLA
5. Date of Birth (Month, day, year) AUG. 23, 1893
6. Sex. FEMALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** PETER ALBINOLA
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace BESANO (City or town) ITALY (State or foreign country)
14. Exact Occupation STONEMASON
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LUCIA GONDOLA
17. Color or Race WHITE
18. Age at time of THIS birth 21 years
19. Birthplace BESANO (City or town) ITALY (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by Lucia Albinole (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 2 1942 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho }
County of SHOSHONE } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lucia Albinola, being first duly sworn, say that I am Related (Related to (or) acquainted with) ROSE MARIE ALBINOLA (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Cy Hill (Name of attendant at birth), who attended said birth DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Lucia Albinola Name

114 Railroad Ave. Kellogg, Idaho P. O. Address

Subscribed and sworn to before me on this 30 day of Jan. 1942

(SEAL) Mary M Stout Notary Public, residing at Kellogg Idaho.

Commission expires July 30, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418 114-006-787 FEB 24 1942 33 3049

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333049
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (Clark) City Spencer
(c) Street Address or R.F.D. No. on ranch
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Spencer
(d) Street Address or R.F.D. No. on ranch
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Floyd Monroe Mayfield

5. Date of Birth of Child (Month, day, year) may 14th 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Guy Mayfield
11. Color or Race White Anglosaxon
12. Age at time of THIS birth 29 yrs.
13. Birthplace Sedalia, Mo (City or town) (State or foreign country)
14. Exact Occupation Ranchar
15. Industry or Business Stockman

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Phillips
17. Color or Race white anglosaxon
18. Age at time of THIS birth 19 yrs.
19. Birthplace Grant City, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Stockraising

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known by affiant

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 49 years, and that Dr. J.C.Mitchell (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Phillips Mayfield McGee Signature

P. O. Address

Subscribed and sworn to before me this 24th day of February, 19 42

(SEAL) Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Mary E. Logan, Registrar.

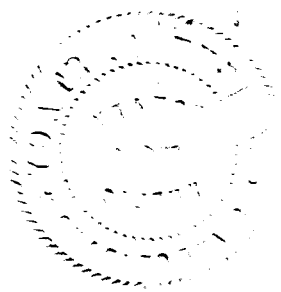
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



7/3/121 003 335

333064

United States
Department of Commerce
Bureau of the Census

FEB 25 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333064
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Dempsey
   (c) Street Address or R.F.D. No. RFD
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Dempsey
   (d) Street Address or R.F.D. No. RDF
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dempsey, Ida

4. **FULL NAME OF CHILD** CHARLES JASON PALMER

5. Date of Birth of Child (Month, day, year) Oct 21, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Martin Palmer
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Huntsville, (City or town) Alabama (State or foreign country)
14. Exact Occupation Sawmill Operator
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Ellen Clements
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Oxford, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 48 years, and that Mrs Frances (First name) ____ (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Martin Palmer (Signature)
121 South 2nd Ave., Pocatello, Idaho (P.O. Address)

Subscribed and sworn to before me this 21st day of February, 19 42

(SEAL) Leslie M. Child Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mary F. Elder, Registrar.

FEB 25 1942

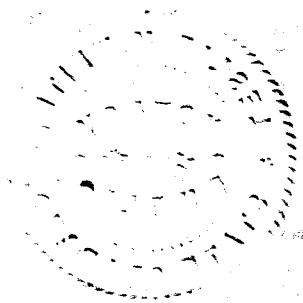
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



363 127 001-455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No. 333148
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At this time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yr. 6 mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** Frank W. Coleman

5. Date of Birth of Child (Month, day, year) Mar 27 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** William Riley Coleman
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Saginaw Co's (City or town) Mich. (State or foreign country)
14. Exact Occupation Black Smithing
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella May Dennis
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Marshall Town (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by William (First name) Coleman (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Valley }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 79 years of age, that I have known this person for 48 years, and that Wm Frank Tuttle (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Riley Coleman Signature
Cascade Idaho P. O. Address

Subscribed and sworn to before me this 14th day of Feb., 1942

(SEAL) [illegible] Notary Public, residing at Cascade

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by [illegible], Registrar.

FEB 2 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

FEB 18 1942

1. PLACE OF BIRTH (All items at time of this birth) Precinct
(a) County Fremont (b) City Twin Grover
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Twin Grover Precinct
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 3/6 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Mary Ann Woodfield

5. Date of Birth of Child (Month, day, year) July 4, 1893.

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Woodfield

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Warwickshire England (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah L. Rose

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace North Ogden Utah (City or town) (State or foreign country)

20. Exact Occupation Wife and Mother

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Fremont }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 48 years, and that Mary Sorensen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Woodfield Signature

St Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of Feb., 1942

(SEAL) Ex Officio, Probate Judge ~~Notary Public, residing at~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-123 014 336

United States Department of Commerce Bureau of the Census (Canyon)

(Be sure the information is as of date of birth of THIS child)

State File No. 333237

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Arthur Thomas Gerdau

5. Date of Birth of Child (Month, day, year) 7/23/1893

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Gerdau

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace (City or town) Germany (State or foreign country)

14. Exact Occupation Coal

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna M Clausen

17. Color or Race white

18. Age at time of THIS birth 25 yrs.

19. Birthplace Iowa (City or town) Nebraska (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 49 years, and that W. R. Hamilton (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Paul H. B. Moulton Signature

Weiser Idaho P. O. Address

Subscribed and sworn to before me this 17 day of February, 19 42

(SEAL) Leo Dorman Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 20 1942

State File No. 333245
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Ten Mile Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Ten Mile Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lester Earl Winschell

5. Date of Birth of Child (Month, day, year) Jan. 21 - 1893

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Winschell
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Terre Haute Indiana (City or town) (State or foreign country)
14. Exact Occupation Rancher & Freighter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Cates
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Salem Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic Acid

23. Number of children of this mother: (a) At time of birth and including this child Seven (b) Born alive and now living Seven

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bear Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 49 years, and that Bertha Christofferson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John E. Winschell Signature
Georgetown Idaho P. O. Address

Subscribed and sworn to before me this 31 day of January, 19 42
(SEAL) Chas E Evans Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Mabel H. Lefler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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413-217-001666

333315

MAR 1 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333315
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 4 E Jefferson
(d) Name of ~~Hospital~~ or ~~Maternity~~ Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 4 E Jefferson
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian Ida.

4. FULL NAME OF CHILD Ada Idaho Matthews

5. Date of Birth of Child (Month, day, year) Oct. 17th 1893

6. Sex Female ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Matthews
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Lebeon (City or town) Ill. (State or foreign country) St. Clair
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Caroline Wood
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Muscatine (City or town) Ill. (State or foreign country) St. Clair
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 49 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X John Matthews Signature

Meridian Rt P. O. Address

Subscribed and sworn to before me this 26th day of February 1942

(SEAL) ____ Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 1942 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1942

JUL 18 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

493-21-1028-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 20 1942

State File No. 334232
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Flora Ursula Mitchell

5. Date of Birth of Child (Month, day, year) September 11 - 1893

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9mo **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Mitchell
11. Color or Race white **12.** Age at time of THIS birth 42 yrs.
13. Birthplace New York City - N.Y. (City or town) (State or foreign country)
14. Exact Occupation House Painter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Agnes Williamson
17. Color or Race white **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Steamboat Rock Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 48 years, and that Grandma Veart (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Flora A. Mitchell Signature

#408- Monroe Apts. Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942

(SEAL) ..... Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265 201 029-859

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 20 1942

State File No. 334236
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 1 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Frieda Bertha Emma Koehler

5. Date of Birth of Child (Month, day, year) May 1, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Franz Louis Koehler
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Bavaria, Germany (City or town) (State or foreign country)
14. Exact Occupation Brewer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Herrmann
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Zurich, Switzerland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 49 years, and that Dr. Blake (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lizzie Herrmann Burmast Signature

[illegible] P. O. Address

Subscribed and sworn to before me this 19 day of January, 19 42

(SEAL) [illegible] Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-101-0444 363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 20 1942

State File No. 334244
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Meadows
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none, born at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Meadows
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meadows, Idaho

4. **FULL NAME OF CHILD** Morris Allen Lyons

5. Date of Birth of Child (Month, day, year) June 1, 1893

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Newton Lyons
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Brook (City or town) Indiana (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alta Elizabeth Cochrane
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Cove, (City or town) Oregon (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Probably none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of Tehama } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 48 years, and that Mrs. Lizzie Clay (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter ~~189~~, 1937 Session Laws.

Alta Elizabeth Lyons Signature
1055 Jefferson St Red Bluff P. O. Address

Subscribed and sworn to before me this 18 day of February, 1942

(SEAL) Chas A Dale Notary Public, residing at Red Bluff

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on FEB 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249 119 035 457

334272

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 19 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ERNEST ROBERT SMITH

5. Date of Birth of Child (Month, day, year) Sept. 19, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George A. Smith
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Quincy (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alretta Marie Inghram
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Bangor (City or town) Maine (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Wash. } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 41 years, and that Dr. J. B. Morris (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle M Smith Signature

[illegible] 6722 - 37th N.E. Seattle P. O. Address

Subscribed and sworn to before me this 16 day of Feb, 19 42

(SEAL) H. S. Ewell Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

852-214 001-219

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334354
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 520 S 16
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 520 S 16
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD Lorena Edna Hessing

5. Date of Birth of Child (Month, day, year) Sept 14, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Jacob Hessing
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Emmanuelle (City or town) Ind. (State or foreign country)
14. Exact Occupation Miller
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Belle Barton
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Wayne (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 48 years, and that Mrs. Emmanuelle (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Barton Hessing Signature
520 So. 16th, Boise P. O. Address

Subscribed and sworn to before me this 20th day of February, 1942

(SEAL) Myrna L. Pressler Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by [illegible] Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

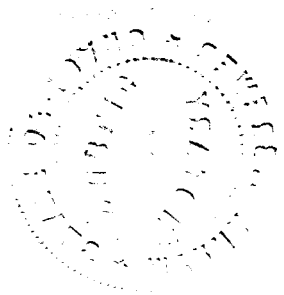
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MAR 20 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



395-114004 8/6

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 20 1942

State File No. 334409

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bear Lake (b) City Bennington,

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: at home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bear Lake

(c) City Bennington

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Bennington, Idaho.

4. FULL NAME OF CHILD Reuben Raymond Lindsay

5. Date of Birth of Child (Month, day, year) Dec. 14, 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Edwin Lindsay

11. Color or Race white

12. Age at time of THIS birth 38 yrs.

13. Birthplace Kayesward, Utah. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Hawkins

17. Color or Race white

18. Age at time of THIS birth 34 yrs.

19. Birthplace Santa Rosa, Cal. (City or town) (State or foreign country)

20. Exact Occupation housewife.

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bear Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (60yrs) (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for all his life years, and that Hannah Graham, midwife (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lester Lindsay Signature

Bennington, Idaho. P. O. Address

Subscribed and sworn to before me this 19 th day of February, 1942

(SEAL) Chas E Evans Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255722-044-289

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 25 1942

State File No. 334474
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Sulphur
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Sulphur
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Carl S. Kennedy

5. Date of Birth of Child (Month, day, year) Nov [redacted]

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legiti[redacted]e? Yes

FATHER OF CHILD

10. **FULL NAME** George S. Kennedy
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Ft Scott (City or town), Kan. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Shirk
17. Color or Race White
18. Age at time of THIS birth 28 (1893) yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon } ss.
County of Umatilla }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for all his life years, and that Mrs Dora (First name) (Last name), who attended this birth, Shirk who did is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha K Reilly x Signature

P. O. Address

Subscribed and sworn to before me this 2nd day of February, 19 42

(SEAL) W. L. Warren Notary Public, residing at Hermiston, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. expires Oct. 31, 1944

Received for filing on FEB 5 1942 by Mary E. Eckles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

633-114020-653

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

FEB 21 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mountain Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mountain Home
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mountain Home, Ida

4. **FULL NAME OF CHILD** William Frank Ottenheimer

5. Date of Birth of Child (Month, day, year) April 14, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Ottenheimer
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Proprietor Saloon
15. Industry or Business Saloon

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Rose Wells
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Baie Verte, New Brunswick (City or town) (State or foreign country) Canada
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon } ss.
County of Klamath }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 48 years, and that Dr. William (First name) Smith (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Rose Ottenheimer Signature

P.O. Box 705, Klamath Falls, Ore P. O. Address

Subscribed and sworn to before me this 10 day of February 1942.

(SEAL) Rosa Goldsmith Notary Public residing at Klamath Falls, Ore for Oregon

My Commission Expires Dec. 29, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 21 1942 by Clair Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1942

JUL 21 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466 121 0 14 795 MAR 1 1942 334586

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334586
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ---CANYON-- (b) City Payette
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Arthur Alexander Downs

5. Date of Birth of Child (Month, day, year) June 21, 1893

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME David Thomas Downs
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Lynncreek (City or town) MO (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Green
17. Color or Race white **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Lynncreek (City or town) MO (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon } ss.
County of Malheur }

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 48 years, and that Dr. Stevens (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Downs Signature
Ontario, Ore P. O. Address

Subscribed and sworn to before me this 25th day of Feb, 1942.

(SEAL) Earl Blackaby Notary Public, residing at Ontario, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) my com. exp 1/15/45

Received for filing on MAR 1 1942 by Mary Fredin, Registrar.

MAR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 1 1942

State File No. 334595
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 317 N. Garfield
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 3 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 317 N. Garfield
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD Grace Marie Gallet

5. Date of Birth of Child (Month, day, year) May 23, 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Griswold Gallet
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace St. Augustine (City or town) Illinois (State or foreign country)
14. Exact Occupation Clerk in railroad office
15. Industry or Business Oregon Short Line R.R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Mary Case
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Avon (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 48 years, and that Dr. (First name) I. H. Moore (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella M Case Gallet
Signature

1416 Washington St., Boise, Idaho
P. O. Address

Subscribed and sworn to before me this 24th day of March, 1942

(SEAL)

Thyra L. Thurmer
Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 1942 by Maud E. Holden, Registrar.

MAR 2 1942.

MAY 18 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 20 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Bonners Ferry.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Beauford Cyril Hemminger

5. Date of Birth (Month, day year) 6/ 5/ 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin Calvin Hemminger

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Harrisburg, Pa.
(City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business Druggist and Postmaster.

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Rosella Shoufler.

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace St. Joseph, Mo.
(City or town) (State or foreign country)

20. Exact Occupation School Teacher.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Whatcom }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Helen Linton Ott, being first duly sworn, say that I am Acquainted (Related to (or) acquainted with) Beauford Cyril Hemminger (Name of person on certificate above) as 41 yrs Acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 130, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Barker (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Helen Linton Ott Signature

Glenacres Apts. Bellingham P. O. Address

Subscribed and sworn to before me on this 16th day of February 1942

(SEAL) ..... Notary Public, residing at Bellingham Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

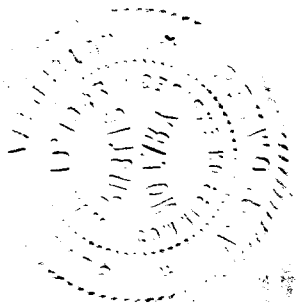
MAR 3 1942

MAR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334807
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) MOSCOW IDAHO

4. FULL NAME OF CHILD OSCAR RUDOLPH PETERSON

5. Date of Birth of Child (Month, day, year) AUG. 5-1893

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME VICTOR PEAR PETERSON
11. Color or Race WHITE **12.** Age at time of THIS birth 25 yrs.
13. Birthplace SWEDEN (City or town) (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME JENNIE RYBERG
17. Color or Race WHITE **18.** Age at time of THIS birth 18 yrs.
19. Birthplace SWEDEN (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON } ss.
County of SPOKANE }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for LIFE years, and that DR. CARITHERS (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Olson Signature
324 KNOX AVE SPOKANE WASH. P. O. Address

Subscribed and sworn to before me this 24th day of February, 19 42

(SEAL) W. P. Johnson Notary Public, residing at Spokane Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by Mabel H. Taylor, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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651-10-029-363

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 2 1942

State File No. 334817
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lahah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 months yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Wallace Henry Weaver

5. Date of Birth of Child (Month, day, year) June 1 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Henry Weaver

11. Color or Race white

12. Age at time of THIS birth 34 yrs.

13. Birthplace East Brookfield (City or town) New York (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Edna Tolton

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Potter (City or town) Kansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of Kansas } ss.
County of Marshall }

I, the undersigned, being first duly sworn, say that I am the neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 18 years, and that Ismate Kinsman (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Sam Bingham

P. O. Address Beattie Kansas

Subscribed and sworn to before me this 27th day of February, 1942

(SEAL) Francis Johnson Notary Public residing at Beattie Kansas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by [redacted], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-109 004395

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 3 1942

State File No. 335020
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City St. Charles
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Parents home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 61 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City St. Charles
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 61 yrs.

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Leslie John Hill

5. Date of Birth of Child (Month, day, year) 12-9-93

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Isaac Hill
11. Color or Race W
12. Age at time of THIS birth 36 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation deceased
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca Tremelling
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 48 years, and that Dr. (First name) Augwire (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Leroy J Hill Signature

..... P. O. Address

Subscribed and sworn to before me this 28 day of Feb., 1942

(SEAL) Grace C Brunko Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by Mabel Hebden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-213 029 666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335239
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. - -
(d) Name of Hospital or Maternity Home: at parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county about years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. - -
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick, Id

4. FULL NAME OF CHILD Ethel Matilda Brown

5. Date of Birth of Child (Month, day, year) March 13, 1893

6. Sex female **7.** Twin or Triplet single birth If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Fulton Brown
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Dade County (City or town) Missouri (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business home construction

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Ann Woodward
17. Color or Race white **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Dade County (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business - - - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.):

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of Siskiyou } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 48 years, and that Dr. (not known) (First name) Rothwell (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Ann Brown Signature
Dunsmuir, California P. O. Address

Subscribed and sworn to before me this 28th day of February, 1942

(SEAL) Selma A. Porter Notary Public, residing at Dunsmuir

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mabel Fleeger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



819-217-029-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335672
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (At time of this birth)
   (a) County [illegible] (b) City Juliaetta
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: At the Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Juliaetta
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Juliaetta Id.

4. **FULL NAME OF CHILD** Myrtle Belle Harryman

5. Date of Birth of Child (Month, day, year) Nov. 17 1893

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Eleazar Harryman
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace X X (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Roberta Angeline Keller
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Marion (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Mississippi } ss.
County of Jackson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 48 years, and that [illegible] (First name) unknown (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My comm. expires Dec. 17 1942

Ibbie Meehan Signature

3033 Park Pl. Mo. P. O. Address

Subscribed and sworn to before me this 25th day of Feb. 1942

(SEAL) Sallie Brown Notary Public, residing at Kansas City Mo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel K Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be~~ received and ~~filed by~~ the local registrar ~~for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-2112 39-214

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335678
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ___ years ___ months ___ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Rockland Ida.

4. FULL NAME OF CHILD Ethel Lance

5. Date of Birth of Child (Month, day, year) June 11, 1893

6. Sex female **7.** Twin or Triplet ___ If so—born 1st, 2nd, 3rd ___ **8.** No. months of Pregnacy 9 Mo **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Thomas Lance
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Houston (City or town) Texas (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Budge
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ellen (First name) Lance (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ___ M.D. Midwife ___ Address ___ Date ___

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 48 years, and that Fran Emily Lind (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Lance Signature

My Commission Expires Oct. 4, 1942

10129 Wilmington St. Chatsworth P. O. Address

Subscribed and sworn to before me this 21 day of Feb., 1942

(SEAL) Fred A. West Notary Public, residing at Canoga - Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by ___, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

765-120-019-632

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 3 1942

State File No. 335705
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Custer
(c) Street Address or R.F.D. No. Custer, Idaho
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 8 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Custer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Custer Idaho

4. FULL NAME OF CHILD Frank Melvin Pfeiffer

5. Date of Birth of Child (Month, day, year) June 20, 1893.

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charlie Alexander Pfeiffer
11. Color or Race white **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Sacramento (City or town) California (State or foreign country)
14. Exact Occupation Storekeeper
15. Industry or Business MERCANTILE

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Louise Olson
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Torekov (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum SILVER NITRATE

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Custer }

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 48 years, and that Hannah (First name) Malm (Last name), who attended this birth deceased (Is now deceased) [redacted] I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm M Pierce Signature

Challis, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of February, 1942

(SEAL) [signature] Notary Public, residing at Challis, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-120-028-619

335757

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenay (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 6 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenay
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6½ yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls Idaho

4. FULL NAME OF CHILD Warren F. Fruit

5. Date of Birth of Child (Month, day, year) May 20 1893

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clay Fruit
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Walla Walla (City or town) Wash. (State or foreign country)
14. Exact Occupation Sheriff
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Melissa Warren
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Walla Walla (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None Known

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon } ss.
County of Marion }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 44 years, and that ..... (First name) ..... (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leonard M Duke Signature
3445 Bellevue St Salem Ore. Address

Subscribed and sworn to before me this 6th day of March, 1942

(SEAL) Oliver B. Hinsdale Notary Public, residing at 2515 N. River Rd Salem Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com expires 2-4-1944

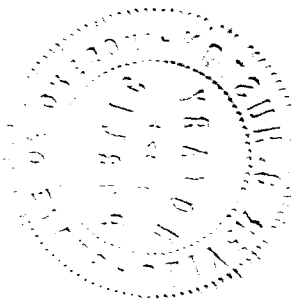
Received for filing on MAR 10 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



395-112-009-463

335875

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint Ida.

4. FULL NAME OF CHILD Mark Julius Lindstrom

5. Date of Birth of Child (Month, day, year) 4/12/1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter Lindstrom

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Hedesundi, (City or town) Sweden (State or foreign country)

14. Exact Occupation Farmer and Logger

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Pars Dottor

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Hedesundi, (City or town) Sweden (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Klamath } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for XXXXXXX years, and that Mrs. XXXXXXXXXX (First name) (Last name), who attended this birth Forty Nine XXX (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Lindstrom Signature

415 Walnut St. Klamath Falls, Ore. P. O. Address

Subscribed and sworn to before me this 20 day of February, 1942.

(SEAL) M. Lamont Owens and Notary Public, residing at Klamath Falls, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mabel Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 14 1947

JAN 27 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

994117-037-165

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335949
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Riddle
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born at home of parents
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 4 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Riddle
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Riddle, Idaho

4. **FULL NAME OF CHILD** Voyne Evan Riddle

5. Date of Birth of Child (Month, day, year) Dec. 17, 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Whillock Riddle
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Eureka (City or town) California (State or foreign country)
14. Exact Occupation stockman
15. Industry or Business stock raising and farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delia Nevada Jones
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Dayton, (City or town) Nevada (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 48 years, and that Uretta (First name) DeMaris, (Last name) midwife, who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grant Riddle Signature

Boise, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of February, 1942.

(SEAL) Edna R. Casey Notary Public, residing at Mountain Home, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

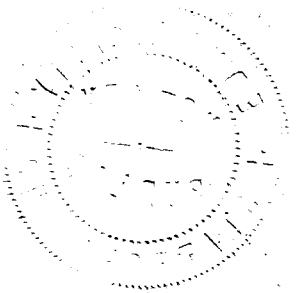
Received for filing on MAR 10 1942 by Mabel Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



414-204-036-693

336093

MAR 16 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336093
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Garner Station
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Garner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ethel Maughan

5. Date of Birth of Child (Month, day, year) Aug 4 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Maughan
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Weston Idaho (City or town) (State or foreign country)
14. Exact Occupation Section Forman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Letitia Wilcox
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Scranton Penn. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Family record (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for life years, and that Ellen Swan (First name) (Last name), who attended this birth was not located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Cora M. Beckstead Signature

Preston, Ida. P. O. Address

Subscribed and sworn to before me this 14 day of March, 19 42

(SEAL) Ben B. Johnson Notary Public, residing at Preston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 16 1942

336097

United States 23105 (Be sure the information is as of date of birth of THIS child) State File No. 336097
Department of Commerce 037-365 **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of Census **STATE OF IDAHO** Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County OYWHWEE (b) City BRUNEAU
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County OYWHWEE
(c) City BRUNEAU
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) SAME

4. FULL NAME OF CHILD ERROL FLETCHER BLACK
5. Date of Birth (Month, day, year) MAY-5-1893
6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd
8. No. months of Pregnancy 9 **9.** Legitimate? YES

FATHER OF CHILD
10. FULL NAME JOHN S. BLACK
11. Color or Race WHITE **12.** Age at time of THIS birth 34 yrs.
13. Birthplace CAMBRIDGE (City or town) OHIO (State or foreign country)
14. Exact Occupation STOCK MAN
15. Industry or Business STOCK RAISING

MOTHER OF CHILD
16. FULL MAIDEN NAME Alice GERTRUDE LOVERIDGE
17. Color or Race WHITE **18.** Age at time of THIS birth 21 yrs.
19. Birthplace MOUNTIAN CITY NEV. (City or town) (State or foreign country)
20. Exact Occupation HOUSE-WIFE
21. Industry or Business HOUSEWIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living YES (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 5 M. on the date and at the place stated above, and that personal particulars were furnished by Alice Gertrude Black (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) MAR 16 1942 (Date received) (b) Mary E Elder (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date
27. Given name added on ..... by ..... (Registrar's signature)

State of California, } ss.
County of Los Angeles, }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alice Gertrude Black, being first duly sworn, say that I am Alice Gertrude Black (Related to (or) acquainted with) Errol Fletcher Black, (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alice Gertrude Black Signature
1259-1/2 Plymouth Blvd. Los Angeles Cal. P. O. Address

Subscribed and sworn to before me on this 13th day of March, 1942

(SEAL) Grace I Hillman Notary Public, residing at Los Angeles, Cal

MAR 10 1942

MAR 23 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-227-006-769

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336222
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida.

4. FULL NAME OF CHILD BLANCHE CLENDENIN

5. Date of Birth of Child (Month, day, year) May 27, 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John W. Glendenin
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Point Pleasant (City or town) West Virginia (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rhoda Porter
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Albany (City or town) Ohio (State or foreign country)
20. Exact Occupation housewfie
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for life years, and that Mrs. (First name) Trego (Last name) of Blackfoot, who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John W. Clendenin Signature
Carmen, Idaho. P. O. Address

Subscribed and sworn to before me this 11th day of February, 1942

(SEAL) [signature] Notary Public, residing at Salmon, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294/27-003-629

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336289
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Hayes Ave
(d) Name of Hospital or Maternity Home Family residence
(e) Mother's stay BEFORE delivery: IN THIS county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Hayes Ave
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD Thomas John Simmett

5. Date of Birth of Child (Month, day, year) Sept 27, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Augustine Michael Simmett
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace New York City (City or town) New York (State or foreign country)
14. Exact Occupation Attorney
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen O'Brien
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace New York City (City or town) New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 48 years, and that Thomas J. Simmett (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Simmett Signature
101 - 9th Ave Portland Oregon P. O. Address

Subscribed and sworn to before me this 2 day of March, 1942

(SEAL) Lucy A. Lancaster Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Cora L. Hurst Dep.

Received for filing on MAR 6 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

463-125029 643

336377

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 12 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Cornwall
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Cornwall
(d) Street Address or R.F.D.No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Cornwall

3. RESIDENCE of FATHER (city, state) Cornwall

4. FULL NAME OF CHILD Henry Alford Mochel

5. Date of Birth (Month, day year) Nov. 25. 1893

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin Franklin Mochel
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Maryville (City or town) Missouri (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Jannette Fuller Mochel
17. Color or Race White
18. Age at time of THIS birth 31 yrs
19. Birthplace Cottonwill (City or town) Iowa (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date ..... and at the ~~place stated above, and that personal particulars~~ were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Sarah E. Mochel, being first duly sworn, say that I am related to (Related to (or) acquainted with) Henry Alford Mochel (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 121 1937 Session Laws and that the facts contained therein are true to the best of my knowledge. I further state that E. Elizabeth Mochel (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Sarah E. Mochel Signature
X 1790 N. Gramercy Hollywood Calif. P. O. Address

Subscribed and sworn to before me on this ..... day of FEB 24 '42 19..

(SEAL) ..... Notary Public, residing at Los Angeles, Calif.

My Commission Expires April 20, 194...

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

419-126003-155

336386

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Dempsey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at/ Mothers Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Dempsey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Dempsey

4. FULL NAME OF CHILD Lewis Marcellus Martin

5. Date of Birth of Child (Month, day, year) 3-26-1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Marcellus Monroe Martin
11. Color or Race white
12. Age at time of THIS birth 68 yrs.
13. Birthplace Richmond, Va. (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Posephine C. Jensen
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 48 years, and that Marcellus Monroe Martin (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Neighbor not related

Rhoda Bingham Signature

Clifton, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of March, 1942.

(SEAL) Notary Public, residing at Clifton, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 18 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



331 128 006-386

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336454
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Malad (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD LeRoy Clark

5. Date of Birth of Child (Month, day, year) Jan 28. 93

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur Clark

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Pickaway County, Ohio (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive M. Thompson

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Secor (City or town) Illinois (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 49 years, and that Mrs Crocksol (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive M. Clark Signature

Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 13 day of March, 19 42.

(SEAL) L. F. Cleveland Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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491-224 003-313

MAR 10 1942

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 336492
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Bannock (b) City POCATELLO
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State IDAHO (b) County Bannock
   (c) City POCATELLO
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.
   (f) Mother's mailing address Just alive

3. **RESIDENCE of FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** LILY MAY DRAPER

5. Date of Birth (Month, day, year) April 24 1942

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles C. Draper
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace COLUMBUS (City or town) OHIO. (State ~~or foreign country~~)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EMMA C ~~DRAPER~~ CALKINS
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace — (City or town) Minnesota (State ~~or foreign country~~)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Clark }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clarence A. Erickson, being first duly sworn, say that I am Related (Related to (or) acquainted with) to Lily May Draper (Name of person on certificate above) as — uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ATTENDANT (Name of attendant at birth), who attended said birth is dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Clarence A Erickson Signature

P. O. Address

Subscribed and sworn to before me on this 7 day of March, 1942

(SEAL) Clarence A Erickson Notary Public, residing at Vancouver

MAR 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes~~ and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-106-004-515

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336497
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City OVID
(c) Street Address or R.F.D. No. home
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County
(c) City OVID
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) OVID IDAHO

4. FULL NAME OF CHILD JESSE ROSENBAUM

5. Date of Birth of Child (Month, day, year) JUNE 6 1893

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME MORRIS ROSENBAUM
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace BRIGHAM CITY (City or town) UTAH (State or foreign country)
14. Exact Occupation STORE OWNER
15. Industry or Business MERCHANT

MOTHER OF CHILD

16. FULL MAIDEN NAME EVELYN VAN NOY
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace RICHMOND (City or town) UTAH (State or foreign country)
20. Exact Occupation WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Medical attention

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 22 years of age, that I have known this person for 18 years, and that [redacted] (First name) Dr. Moore (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Evelyn P. Parker Signature
1239 N. 26th Los Angeles P. O. Address

Subscribed and sworn to before me this 24 day of February, 19 43. My Commission Expires Jan. 12, 1946

(SEAL) Consuelo Rees Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC
In and for the County of Los Angeles, State of California

Received for filing on MAR 10 1942 by Mary F. Taylor, Registrar.

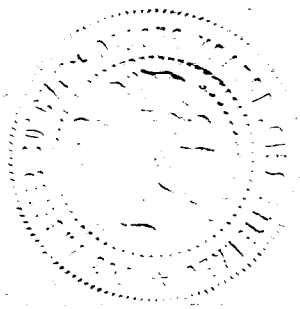
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 19 '942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



314705 002-383

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336499
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Adams (b) City Meadows.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ranch home of Charles Campbell
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Meadows.

4. **FULL NAME OF CHILD** John William Campbell

5. Date of Birth of Child (Month, day, year) Feb. 5 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Walter Edgar Campbell
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Pawnee (City or town) Illinois (State or foreign country)
14. Exact Occupation Ranch helper.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lillian Lyles
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Morrisonville (City or town) Illinois (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 11.00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Caroline (First name) Campbell (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature X Caroline Campbell M.D. Midwife Address X New Meadows Date X 3/7/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 49 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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296-101-003-336

336518

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD Arthur Felt Brough

5. Date of Birth of Child (Month, day, year) Sept. 1, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Henry Brough
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Salt Lake, (City or town) Utah (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Leona Clowes
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Salt Lake, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 49 years, and that Unknown (First name) DR. Steeley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Leona Turnbull Signature

110 E. Cleveland Blvd. Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of March, 1942

(SEAL) Emma E. Thompson Notary Public, residing at Caldwell, Idaho,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by Mary Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

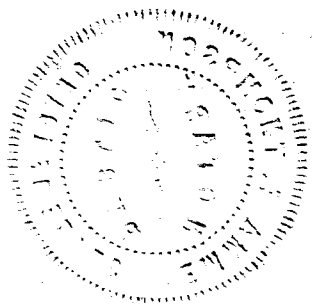
MAR 20 1942

FEB 5 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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599-201 029 569

336613

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH MAR 16 1942
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Palouse
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Palouse
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Lillie Erickson

5. Date of Birth (Month, day year) January 1st 1893

6. Sex Female **7.** Twin or Triplet X If so—born 1st, 2nd, 3rd X **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME P. Hans Erickson
11. Color or Race White **12.** Age at time of THIS birth ..... yrs.
13. Birthplace ..... (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Norman
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace ..... (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two (c) Born alive and now dead None (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Minnesota } ss.
County of Isanti }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Anna Erickson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lillie Erickson (Name of person on certificate above) as mother (State relationship or acquaintance); whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

mrs anna Erickson Signature
Grandy Minn P. O. Address

Subscribed and sworn to before me on this 12 day of January, 19 42
(SEAL) O Anderson Notary Public, residing at Grandy Minn

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate **Return** must be made for each, and the number of each, in order of birth stated.

619-122-038 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 13 1942

336926

1. PLACE OF BIRTH
County of Coeur d'Alene
City of Wallace
No. ..... Idaho
Registration District No. ..... State File No. .....
(If born in hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William Henry Farrell, IV

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
M	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term ✓	Yes	Jan 22, 1893 (Month, Day, Year)

FATHER	MOTHER
9. Full name: William Henry Farrell	18. Full maiden name: Elizabeth Morgan
10. Residence (usual place of abode) (If non-resident, give place and State): Wallace, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Wallace, Ida.
11. Color or race: White	12. Age at last birthday: [illegible] (years)
20. Color or race: White	21. Age at last birthday: 28 (years)
13. Birthplace (city or place) (State or Country): Cleveland, [illegible]	22. Birthplace (city or place) (State or Country): [illegible]

OCCUPATION

14. Trade, profession, or part[illegible] kind of work done, as sp[illegible] sawyer, bookkeeper, etc.	[illegible]
15. Industry or business in w[illegible] work was done, as silk sawmill, bank, etc.	[illegible]
16. Date (month and year) last engaged in this work: Jan 22 189[illegible]	17. Total time (ye[illegible] in this work [illegible]
25. Date (month and year) last engaged in this work ....., 19.....	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophtha[illegible] Neo[illegible]orum? .....

28. Number of children of this mother (At time of [illegible] and including this child)
(a) Born a[illegible] 4 living 3 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF A[illegible] PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this ch[illegible] at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

[illegible]ed) ....., M. D.

....., Midwife

Give name added from a supplemental repo[illegible]

(Date rec'd) .....

J. H. Felton
Registrar.

[redacted]

[redacted]

[redacted]

619-122-328-409

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~Idaho~~ Ohio
County of ~~Shoshone~~ Cuyahoga } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Elizabeth Farrell being first duly sworn says that

She is the mother (Relationship of child)* of William Henry Farrell

born Jan. 22, 1894 (Date of birth) at Wallace, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho, and affiant further states that the facts contained in the certificate of birth of the said William Henry Farrell hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Stone, ~~M. D.,~~ was the Midwife medical attendant at the birth of said Wm Henry Farrell and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs. Elizabeth Farrell Morris

P. O. Address 13503 Sixth Ave. E. Cleve. Ohio

Subscribed and sworn to before me this 8th day of December, 1941

W. M. Finucane
Notary Public.

My Comm. Expires 11-27-1943

Residing at E. Cleveland Ohio, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

MAR 21 1942

986-108-025-863

336979

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336979
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 11 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Cottonwood Idaho

4. FULL NAME OF CHILD Arthur B. Rhoades

5. Date of Birth of Child (Month, day, year) 2-8-1893

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lee Rhoades
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Iowa (City or town) Mo. (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna B. Hollifield
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Lenoir (City or town) N.C. (State or foreign country)
20. Exact Occupation house-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 70 years of age, that I have known this person for 49 years, and that J. W. Turner, M.D. (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Hollifield Rhoades Signature
Cottonwood, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1942

(SEAL) Myrna L. Brewer Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 23 1942 by Mary Fiedler, Registrar.

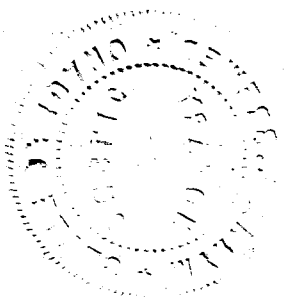
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



235-225-015-995

338008

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Clearwater
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 0 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Clearwater
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) Burkley Idaho

4. FULL NAME OF CHILD Amy Stephens

5. Date of Birth of Child (Month, day, year) May 25-1893

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Allen Daniel Stephens
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Fannin (City or town) Co. Texas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Riebold
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Nevada (City or town) Calif. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 48 years, and that Mrs. Landon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Allen D Stephens Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of March, 19 42

(SEAL) Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having personal knowledge in the premises.

215-205-20-A-493

338075

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338075
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 2 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Emmett Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett Ida.

4. **FULL NAME OF CHILD** Martha Belle Bane

5. Date of Birth of Child (Month, day, year) July 5 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sterling Price Bane
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Tioga (City or town) Ill (State or foreign country)
14. Exact Occupation Farmer & Stockraiser
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Leona Miller
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Springfield (City or town) Ill (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Borax water diluted

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Gem }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for ..... years, and that Belle Hudson Bane (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie L Bane Signature

Emmett Ida. P.O. Address

Subscribed and sworn to before me this 24 day of March, 19 42.

(SEAL) J. S. Bassett Notary Public, residing at Emmett Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Mary F Elder, Registrar.

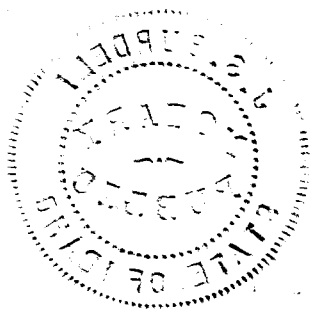
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



239-124-045-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338277
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Alturas (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Alturas
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hailey Ida

4. **FULL NAME OF CHILD** Raymond Gideon Stinson

5. Date of Birth of Child (Month, day, year) May 24, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Clay Stinson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Susanville (City or town) California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Josephine Benson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Union (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Alice Stinson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of [illegible] }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the [illegible] (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for [illegible] years, and that Dr. Lewis (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice J. Stinson Signature
604 So. Coml. Ave., Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of March, 1942

(SEAL) [illegible] Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

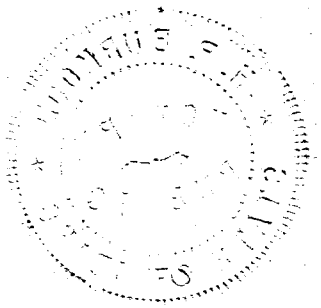
MAR 26 1942

MAY 29 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



635-109-020635

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338278
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Daniel Steen Fletcher

5. Date of Birth of Child (Month, day, year) Jan. 9, 1893

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy ✓ **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Washington Fletcher
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Spring Valley, (City or town) Minnesota (State or foreign country)
14. Exact Occupation Merchant, Banker
15. Industry or Business Hardware & Bank

MOTHER OF CHILD

16. FULL MAIDEN NAME Jeannette Steen Fletcher
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Oregon, (City or town) Portland (State or foreign country)
20. Exact Occupation Schoolteacher
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 46 years, and that ~~_____~~ (First name) ~~_____~~ (Last name), ~~who attended this birth~~ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

F. W. Fletcher Signature
Room 312, First National Bldg., Reno, Nevada P.O. Address

Subscribed and sworn to before me this 17th day of March, 1942

(SEAL) George E. Hohman Notary Public, residing at Southgate Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mabel E. Lefevre, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1952

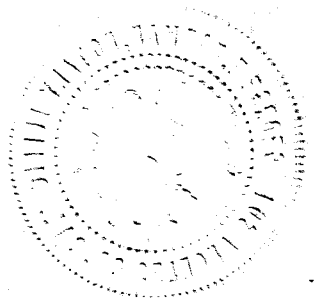
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



219-10-003-466

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338369
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Center street
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Center street
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Idaho

4. FULL NAME OF CHILD Eugene G Barnhart

5. Date of Birth of Child (Month, day, year) April 4th 1893

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd 5TH **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Daniel Barnhart
11. Color or Race white **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Cincinnati (City or town) Ohio (State or foreign country)
14. Exact Occupation Restaurant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Ann Mower
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 49 years, and that Mrs Bowen (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Estella A Jackson Signature
631 E Bonnie Brae Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 19 day of March, 1942

My Commission Expires Nov. 9, 1943 NOTARY PUBLIC in and for the County of Los Angeles, State of California Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho Code Annotated.)

Received for filing on MAR 21 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

846-130-016-299

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338477
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Charles Riley Howell

5. Date of Birth of Child (Month, day, year) Jan. 30, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Riley Howell
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Snowville (City or town) Utah (State or foreign country)
14. Exact Occupation Saloon Business
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Cicely Brim
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace E T Toole, Co. Utah Territory (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 49 years, and that Louisa (First name) Elliot (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Cicely Howell Signature
2448 Santa Ana at Huntington Park, Calif. P. O. Address

Subscribed and sworn to before me this 19 day of March, 1942

(SEAL) E. K. Neil Notary Public, residing at South Gate Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mary K. Eldredge, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-108096-551

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338480
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 28 months 4 days 8

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 71 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Heber Jones Evans

5. Date of Birth of Child (Month, day, year) 4-8-1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Davis Evans
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Deputy Sheriff
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Jones Evans
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Oneida }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 49 years, and that Mrs Mary Stuart (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

/ Hannah Deschamps Signature

Malad Idaho P. O. Address

Subscribed and sworn to before me this 20 day of March, 1942

(SEAL) R. Bill Hallin Probate Judge Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mabel Hodgson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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369 205 1029-296

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338559
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Rural
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Rural
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Latah Co., Idaho

4. FULL NAME OF CHILD Alta Myrtle Corp

5. Date of Birth of Child (Month, day, year) June 5, 1893

6. Sex female **7. Twin or Triplet** -- **If so—born 1st, 2nd, 3rd** 6 **8. No. months of Pregnacy** 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Benjamin Franklin Corp
11. Color or Race white **12. Age at time of THIS birth** 33 yrs.
13. Birthplace ~~Winter Set~~ (City or town) Iowa (State or foreign country)
14. Exact Occupation Wood cutter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Pheobe Emmaline Brown
17. Color or Race white **18. Age at time of THIS birth** 29 yrs.
19. Birthplace Knoxville (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Emma (First name) Corp (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature Dora Brown **M.D.** ~~Midwife~~ **Address** Garfield, Wash. **Date** March 19, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-131-036-864

338582

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Rockland
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years One months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Rockland
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. RESIDENCE OF FATHER (city, state) Rockland Idaho

4. FULL NAME OF CHILD James George Johnston

5. Date of Birth of Child (Month, day, year) May 31 1893

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Elijah Johnston

11. Color or Race White **12.** Age at time of THIS birth 23 yrs.

13. Birthplace North Ogden (City or town) Utah (State or foreign country)

14. Exact Occupation Stockman

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Elizabeth Householder

17. Color or Race White **18.** Age at time of THIS birth 22 yrs.

19. Birthplace Pleasant Grove (City or town) Utah (State or foreign country)

20. Exact Occupation Home Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for ..... years, and that Martha Tooley (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah E Johnston Signature

6000 Wahlquist Lane Murray Utah P. O. Address

Subscribed and sworn to before me this 13 day of March, 1942

(SEAL) R. A. Cameron Notary Public, residing at Murray Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires May 7, 1944

Received for filing on MAR 23 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

MAR 1 5 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533-123 028 699

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338625
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years x months x days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d' Alene
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Oliver Cleveland Elliott

5. Date of Birth of Child (Month, day, year) 1893 June 23

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Fredrick Elliott
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Marshall
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel Emma Friend
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace New Hampshire (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I **HEREBY CERTIFY That I** attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ethel Gardner (First name) (Last name) who is related to this child as sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Weed Ore. Date 2/21/42

State of Oregon } ss.
County of Linn }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 49 years, and that Mrs. Rachel Brown (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts stated in my certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 198, Laws of Idaho, 1919.

Mrs Ethel Gardner Signature

Weed Oregon P. O. Address

Subscribed and sworn to before me this 21st day of February, 1942.

N. L. Shed Notary Public, residing at Weed, Oregon Notary Public for Oregon

My commission expires Oct 28 1945

(Note: perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mary, Registrar.

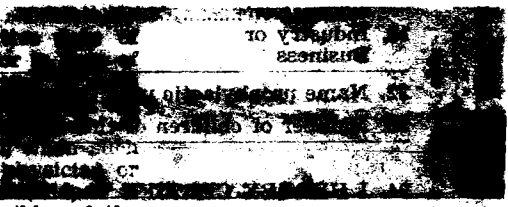
Use BLACK Record typewriter ribbon. Mail COMPLETED certificate in envelope bearing postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy of this certificate in payment of fifty cents, money order or coin.

MAR 30 '42

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effe[illegible] Chapter 191, 1911 Session Laws, has not been recorded, [illegible] failure to report any birth which has occurred subseq[illegible] date, such report may be received and filed by the local[illegible] record in the Bureau of Vital Statistics for the purpo[illegible] prescribed in Chapter 2, Title 38, Idaho Code Annotated[illegible] report is accompanied by a certificate of the attending [illegible] midwife, or by affidavits of the father or mother of th[illegible] neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





693-219-070-795

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338671
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Osborne
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Osborne
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Osborne, Idaho.

4. FULL NAME OF CHILD Hazel Lila Wilson (Hazel Lila Wilson Mrs. Isaac M. Wilson)

5. Date of Birth of Child (Month, day, year) March 19, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lynn William Carson
11. Color or Race White **12.** Age at time of THIS birth yrs.
13. Birthplace High Forest, (City or town) Minnesota (State or foreign country)
14. Exact Occupation operator of pack train.
15. Industry or Business Express & Transfer Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Calla Jeanette Pierson Carson
17. Color or Race white **18.** Age at time of THIS birth yrs.
19. Birthplace High Forrest, (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Minnesota } ss.
County of Cook }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 8 8 years of age, that I have known this person for 49 years, and that Dr. Genoway (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Mrs J-B) Nabbie A. Hall Signature
Steevarville Minn P. O. Address

F. E. MILAND, Notary Public
Cook County, Minnesota
My Commission Expires January 11th, 1943

Subscribed and sworn to before me this 21 day of March, 1942.

(SEAL) F E Miland Notary Public, residing at Steevarville Minn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-110-001-313

338840

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338840
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County..... (b) City.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ..... years ..... months ..... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State..... (b) County.....
(c) City .....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harold Sherman Brown

5. Date of Birth of Child (Month, day, year) 6-10-1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Francis Albert Brown

11. Color or Race W

12. Age at time of THIS birth 33 yrs.

13. Birthplace Iowa (City or town) (State or foreign country)

14. Exact Occupation Merchant

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Elmore Calloway

17. Color or Race W

18. Age at time of THIS birth 26 yrs.

19. Birthplace near Star (City or town) Idaho (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 4 9 years, and that Dr R. F. Graham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A. Calloway Signature

308 State Boise Idaho P. O. Address

Subscribed and swern to before me this 30th day of March, 19 42

(SEAL) Marion G. Eller Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mary E Elder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893.131-001-192

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 338951
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.
   (f) Mother's mailing address 739 Warm Springs

3. **RESIDENCE of FATHER** (city, state) Ada County

4. **FULL NAME OF CHILD** Clyde Earl Hill

5. Date of Birth (Month, day, year) Jan 31 1893

6. Sex Male — Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Henry Hill
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace West Branch Iowa (City or town) (State or foreign country)
14. Exact Occupation Horse Trainer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta Fedelia Aiken
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Burt Co. Nebraska (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAR 28 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.) and address ____ Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Ira Aylsworth, being first duly sworn, say that I am Aunt (Related to (or) acquainted with) Clyde Earl Hill (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Mrs Ira Aylsworth Signature

739 Warm Springs P. O. Address

Subscribed and sworn to before me on this 2 day of March, 1942

(SEAL) J. L. Gill Notary Public, residing at Boise, Ida

MAY 22 1959

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-106-016-691

338 989

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 338989
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Oakley L. Barnard

5. Date of Birth of Child (Month, day, year) 2-6-1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lyman Stoddard Bernard
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Council Bluffs, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Amelia Fradsham
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Salt Lake (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 49 years, and that Mrs Emily Lish (First name) (Last name), who attended this birth, Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Hasselbury Signature
Burley Idaho P. O. Address

Subscribed and sworn to before me this 24 day of March, 1942

(SEAL) S. H. Lyman Notary Public, residing at Burley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by Mabel H. Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-113-001-914

339020

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339020
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City (or Town) Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City (or Town) Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ralph Erwin Chadwell

5. Date of Birth of Child (Month, day, year) August 13, 1893

6. Sex Male

7. Twin or Triplet — If so born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Franklin Chadwell
11. Color or Race wh
12. Age at time of THIS birth 30 yrs.
13. Birthplace Cherry Co. (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice [illegible] Radcliffe
17. Color or Race wh
18. Age at time of THIS birth 29 yrs.
19. Birthplace (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Oregon } ss.
County of Baker }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for since infancy years and that unknown (First name) unknown (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Franklin Chadwell Signature

1575 Broadway Baker Ore. P. O. Address

Subscribed and sworn to before me this 28th day of March, 19 42

(SEAL) Irene Toney Notary Public, residing at Baker, Oregon.

MY COMMISSION EXPIRES AUGUST 4, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-210 203-235

339071 339071

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 3 1942

State File No. ..
Local Reg. No. ..
Reg. Dist. No. ..

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. ——
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years / months / days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. ——
(e) How long has **MOTHER** lived in Idaho? ..yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello IDA

4. **FULL NAME OF CHILD** Hazel Grace Mackley

5. Date of Birth of Child (Month, day, year) July 10, 1893

6. Sex Female

7. ~~Twin or~~ ~~Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Henderson Mackley
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Galaplice Ohio U.S.A (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber Shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Stevens
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Chicago Ill. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business ——

22. Name prophylactic used to prevent Ophthalmia Neonatorum ..
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..at..M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..(First name) (Last name), who is related to this child as .. (Mother, etc.)

25. Attendant's **OWN** signature ..M.D. Midwife ✓ Address .. Date

State of ..} ss.
County of ..}

✓ **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 47½ years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Mrs. E. C. Chamberlain Signature

1009 11 Avenue Greeley Colo. P. O. Address

My Commission Expires Oct. 4, 1945

Subscribed and sworn to before me this 18 day of March, 1942

(SEAL) Notary Public, residing at Greeley, Colo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by Mabel Keller, Registrar.

MAR 24 1942

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942-167 006-599

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339092
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City IDAHO FALLS
(c) Street Address or R.F.D. No. R.F.D. 6
(d) Name of Hospital or Maternity Home: AT OWN HOME
(e) Mother's stay BEFORE delivery: IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City IDAHO FALLS
(d) Street Address or R.F.D. No. RFD 6
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO FALLS, IDA.

4. FULL NAME OF CHILD SAMUEL ALBERT RUSHTON

5. Date of Birth of Child (Month, day, year) Nov. 7 1893

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME EDWIN RUSHTON
11. Color or Race WHITE **12.** Age at time of THIS birth 28 yrs.
13. Birthplace MANCHESTER, ENGLAND (City or town) (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME JULIA SEPTERIE ERICSEN
17. Color or Race WHITE **18.** Age at time of THIS birth 29 yrs.
19. Birthplace CHRISTIANIA, NORWAY (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 44 years, and that DR. MITCHEL (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W J. Rushton Signature

..... P. O. Address

Subscribed and sworn to before me this 24th day of March, 1942.

(SEAL) Lee Walker Notary Public, residing at Notary Public for the State of Idaho Residence, Idaho Falls, Idaho,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires May 8, 1945

Received for filing on MAR 27 1942 by Mary E. Lyman, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 128 006-299

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339119
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Water Ave.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls

4. **FULL NAME OF CHILD** Frank Edward Willets

5. Date of Birth of Child (Month, day, year) May 28, 1893

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd 2nd.

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frederick Charles Willets
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Monroe (City or town) Michigan (State or foreign country)
14. Exact Occupation SIGN & PAINTER
15. Industry or Business Painting Contractor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Florence Brinson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Denver (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for over 44 years, and that Grant W. Pendleton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Farnell Signature
700 Emerson Ave. Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of March, 19 42

(SEAL) W. A. Leighton Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by ..... Registrar.

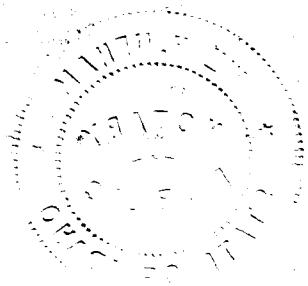
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



152-117-035-292

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339212
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Forest
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County NezPerce
(c) City Forest
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. RESIDENCE OF FATHER (city, state) same then.

4. FULL NAME OF CHILD Elbert Eugene Ankney

5. Date of Birth of Child (Month, day, year) March 17, 1898

6. Sex Male **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd First **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Henry Ankney
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Alice Sisson
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Cedar Falls (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 49 years, and that Mrs. Elizabeth Baughty (First name) midwife (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs Julia Ankney X Signature
Sweetwater, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of March, 19 42.
(SEAL) Notary Public, residing a Lapwai, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mabel Hazelton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Nez Perce } ss.

Certificate No. 339212

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Elbert Eugene Ankney (Name on Original Certificate) who was born (Was Born or Died) on March 17, 1893 (Date of Event) in Forest, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Elbert	Albert Eugene Ankney

Subscribed and sworn to before me this 29th day of May, 19 42

Notary Public, residing at Lapwai, Idaho

My commission expires Jan. 11, 1943
(Seal)

Signed Mrs Dubia Ankney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Orofino, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Nez Perce } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of May, 19 42

Notary Public, residing at Lapwai, Idaho

My commission expires Jan. 11, 1943
(Seal)

Signed Glenn Ankney
(Signature of Any Credible Person Other Than Previous Year)

Sweetwater, Idaho
(Street Address, City, State)

JUN 3 1942

465-127-029-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339217
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 6 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3½ yrs.

3. **RESIDENCE OF FATHER** (city, state) moscow, Idaho

4. **FULL NAME OF CHILD** Lee, Harry, Donner

5. Date of Birth of Child (Month, day, year) April 27-1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Patrick Donner
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Fremont (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Kuntin
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Queenstown (City or town) Irelaned (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON
County of SPOKANE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am ~~the~~ not related to ~~xx~~ the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 48 11/12 years, and that Dr. Watkins (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry J. Kaylor Signature
1723 W. Sharp Ave., Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 28th day of March, 19 42.

(SEAL) Irene W. Pierson Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mary Helen, Registrar.

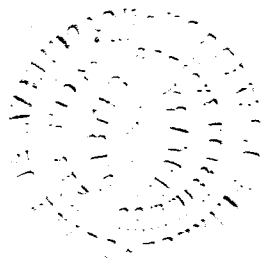
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



793-127-044-693

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339240
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William John Wayne Pickler

5. Date of Birth of Child (Month, day, year) December 25, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lemon Albert Pickler

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace (City or town) Iowa (State or foreign country)

14. Exact Occupation Civil Engineer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Vira Minerva Wilkes

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon } ss.
County of Baker }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 48 years, and that Dr. Jerry R. Numbers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X C. L. Pickler
Signature

Halfway, Oregon.
P. O. Address

Subscribed and sworn to before me this 18th day of March, 19 42

(SEAL) My Comm expires Sept. 13, 1943. Notary Public, residing at Halfway, Oregon.

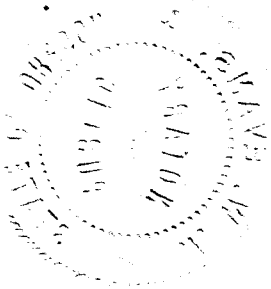
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mary [illegible], Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



794-108-004-245

339270

339270

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339270
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence.
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Chas Edward Grunig

5. Date of Birth of Child (Month, day, year) 12-8-1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Carl Eward Grunig.
11. Color or Race W. **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Switzerland. (City or town) (State or foreign country)
14. Exact Occupation Baker.
15. Industry or Business Baker.

MOTHER OF CHILD

16. FULL MAIDEN NAME Christine Kungler.
17. Color or Race W. **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Switzerland. (City or town) (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bear Lake }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 48 years, and that Mrs Bridger (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Christine Grunig Signature
Montpelier Idaho P. O. Address

Subscribed and sworn to before me this 6 day of March, 19 42.

(SEAL) Glenn A Loughlin Notary Public, residing at Montpelier, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mavel E Elder, Registrar.

APR 3 1942

MAY 16 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

185 · 112-00 · 365

339281

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Star Idaho

4. FULL NAME OF CHILD James Ernest Cayes

5. Date of Birth of Child (Month, day, year) 6-12-1893

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME James L Cayes
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jemima Ann Conner
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Linn (City or town) Oregon (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 8 P.M. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature A W Hall M.D. ~~Midwife~~ Address Meridian Date 3-21-42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mark F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-130-035-863

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339394
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Cavendish
(c) Street Address or R.F.D. No. R O
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 6 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Cavendish
(d) Street Address or R.F.D. No. R 3
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Clark Pierson Darrah

5. Date of Birth of Child (Month, day, year) Jan 30, 1893

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lindsey S. Darrah
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace State of Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Hollingsworth
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace State of Wis. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business 4

22. Name prophylactic used to prevent Ophthalmia Neonatorum No

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 49 years, and that Mrs. Ferguson (First name) (Last name), who attended this birth None (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Darrah Signature
Lapwai, Ida. P. O. Address

Subscribed and sworn to before me this 30 day of Mar. 19 42
(SEAL) John L. Kellogs Notary Public, residing at Lewiston, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

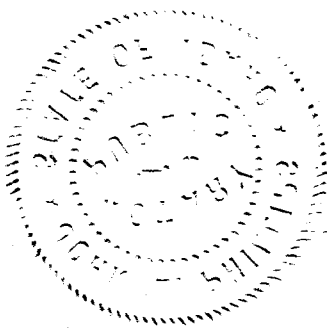
Received for filing on APR 1 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



958-127-218-154

339404

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Pierce.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none.
(e) Mother's stay BEFORE delivery: IN THIS county 9 years X months X days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Clearwater.
(c) City Pierce
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Pierce Idaho

4. FULL NAME OF CHILD John Anderson Reynolds.

5. Date of Birth of Child (Month, day, year) 8. 27. 1893.

6. Sex Male. **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Louis Cass Reynolds
11. Color or Race White. **12.** Age at time of THIS birth 20 yrs.
13. Birthplace Elgin (City or town) Illinois. (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining.

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie Belle Anderson.
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Lexington (City or town) Kentucky. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Montana. }
County of Silver Bow. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 48 years, and that Mary (First name) Warren. (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louis Cass Reynolds Signature

105 Colo. St. Butte Mont. P. O. Address

Subscribed and sworn to before me this 31 day of March, 19 42.

(SEAL) Edward T. Bolmer Notary Public, residing at Butte Montana.

NOTARY PUBLIC for the State of Montana
Residing at Butte, Montana
My Commission Expires January 25, 1943

(Note: Perjury is a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-201-229-381

339470

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH
(a) County Latah (b) City Genessee
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Home
In Hosp. or Mat. Home.....days.
IN **THIS** county 15 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genessee
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Genessee, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Caroline Christiana Jackson

5. Date of Birth (Month, day year) 12-1-1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benjamin Franklin Jackson

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Marquam (City or town) Oregon (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Serena Chambers

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Waitsburg, Washington (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) MAR 26 1942 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature.....M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on.....by.....(Registrar's signature)

State of California } ss.
County of Shasta }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Nancy Serena Jackson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Caroline Christiana Jackson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the Midwife (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nancy Serena Jackson Signature

..... P. O. Address

Subscribed and sworn to before me on this 19th day of March 1942

(SEAL) [signature] Notary Public, residing at Redding Calif

My Commission Expires February 16, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR [illegible] 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

562-209-040-234

339471

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Frazier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Delivered in the home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Frazier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1891 to 1918 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Vallie Noble

5. Date of Birth of Child (Month, day, year) July 9, 1893

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Horace Noble

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Elizabeth (City or town) Illinois (State or foreign country)

14. Exact Occupation Farming & Freighting

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Charlotte Stump

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace ? (City or town) Indiana (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN signature** ..... M.D. **Midwife** **Address** ..... **Date** .....

State of Washington } ss.
County of Pend Oreille }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 48 years, and that Dr. (First name) Reed (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charlotte Stump Noble Signature

Clarkston Wash P. O. Address

Subscribed and sworn to before me this 25 day of Mar, 1942

(SEAL) Dorothy Falsing Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 23 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-021-001-411

339581

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Warm Spring Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Warm Springs
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Edith Jane Bingman

5. Date of Birth of Child (Month, day, year) May 21, 1893

6. Sex female **7.** Twin or Triplet one If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Monroe Bingman
11. Color or Race white **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Lebanon (City or town), Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Deliliah Jane Adams
17. Color or Race white **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Lebanon (City or town), Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Jackson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4 above; that I am now 63 years of age, that I have known this person for 47 years, and that Dr. L. C. (First name) Bowers (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles J Bingman Signature
Route 1, Box 256, Medford, Ore. P. O. Address

Subscribed and sworn to before me this 18th day of March, 19 42

(SEAL) NOTARY PUBLIC FOR OREGON — MY COMMISSION EXPIRES JULY 31 1942

L. C. Pierce Notary Public, residing at Medford, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

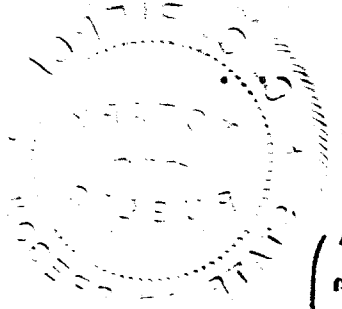
Received for filing on APR 8 1942 by Mark Fiedler, Registrar.

APR 1 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911~~ Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



236-118-024-435

339601

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Juilaetta
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home on Farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months Nil days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juilaetta (Farm)
(d) Street Address or R.F.D. No. (Farm)
(e) How long has **MOTHER** lived in Idaho? 4Yrs. 6Mo.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD John Ausberry Scott

5. Date of Birth of Child (Month, day, year) 7-18-1893

6. Sex Male

7. Twin or Triplet Nil

If so—born 1st, 2nd, 3rd Nil

8. No. months of Pregnacy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Alexander Moore Scott
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Virgina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Missouri McNealy
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Milan (City or town) Missouri (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 10:00 P.M. on the date and at the place stated above and that personal particulars were furnished by Mrs. Fay Schetzle (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature Lily Fay (Scott) Schetzle M.D. Midwife Address Juliaetta, Idaho Date March 31.

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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2 19 - 111 - 5 16 - 464

DELAYED

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339609
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Elba
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 0 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Elba
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Elba, Idaho.

4. FULL NAME OF CHILD Samuel Henry Barker.

5. Date of Birth of Child (Month, day, year) July 11, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Henry Barker.
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Wallsville (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Cattle raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Susah Eliza Homer
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation Farmers wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 48 years, and that Martha Parish (First name) (Last name), who attended this birth dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel Henry Barker Signature
Elba Idaho P. O. Address

Subscribed and sworn to before me this 28 day of March, 1942.

(SEAL) Henry W. Ruke Notary Public, residing at Burley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mary Kessler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED STAMP ADDED TO FACE OF CERTIFICATE 08/22/2016 AKR

AUG 2 2 2016

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

165-117-014-291

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339617
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. None at that time
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 2 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 3¼ yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Idaho

4. FULL NAME OF CHILD Harry Maxwell Jones

5. Date of Birth of Child (Month, day, year) July 17, 1893

6. Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry H. Jones
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Stafford, England (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Clothing (at time of this birth)

MOTHER OF CHILD

16. FULL MAIDEN NAME Phebe Ann Bradley
17. Color or Race White **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Barton, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home maker

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living Four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 89 years of age, that I have known this person for 48 years, and that Dr. William C. Marey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Phebe A Jones Signature
824 Cleveland Blvd., Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of April, 1942.
(SEAL) W. P. Nesbley Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1942 by Mary E. Allen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-225-029-493

339677

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Pearl Holliday

5. Date of Birth of Child (Month, day, year) Sept. 25, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Thomas Holliday
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Sullivan County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Mining Engineer
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Telitha Elizabeth Miles
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Celene Mission, Stone County, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Stevens } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Great-aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 90 years of age, that I have known this person for 48 years, and that William Patton Holliday (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Her X Mark Catherine King Signature

Leo T King - witness to mark
Horace Porter witness to mark
Chewelah, Washington P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1942

(SEAL) Notary Public, residing at Chewelah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 6 1942 by Mabel Hodgson, Registrar.

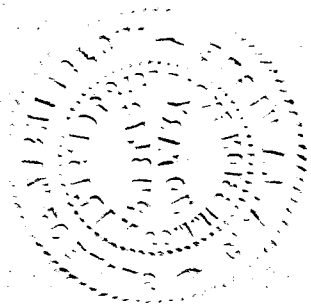
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



154-10 6 2 29-413

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339679
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Deary
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Deary
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Deary, Idaho

4. **FULL NAME OF CHILD** Samuel Emil Anderson

5. Date of Birth of Child (Month, day, year) Aug. 6, 1893

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John N. Anderson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Augusta M. Dalberg
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 48 years, and that the person (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witness to mark: E. E. Wyckoff

his
John N. Anderson
mark
Signature

Deary, Idaho
P. O. Address

Subscribed and sworn to before me this 28th day of March, 19 42.

(SEAL)

E. E. Wyckoff
Notary Public, residing at Deary, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1942 by Mabel Nielsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

JAN 8 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-212 029-249

339699

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born in home in country
(e) Mother's stay BEFORE delivery: IN THIS county / 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City near Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 65 yrs.

3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD Mildred Rachel Marshall

5. Date of Birth of Child (Month, day, year) 1/12/93

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Mabron Marshall
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora A Smith
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Lewis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for since birth years, and that (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora A. Sather, Signature

Nezperce, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of March, 19 42

(SEAL) Peryne Neelon Notary Public, residing at Nezperce, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Mabel K. Nelson, Registrar.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942-212-029-719

339771

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at farm home 8 miles out of Moscow
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City a farm near Moscow
(d) Street Address or R.F.D. No. Cornwall
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Maryella Jane Rusaw

5. Date of Birth of Child (Month, day, year) 1-12-1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Noah Sherfield Rusaw
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace St Joseph (City or town) Missouri (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amy Ella Parrott
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Salem (City or town) Oregon (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Washington
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 49 years, and that Mrs. Lochard (First name) (Last name), who attended this birth in now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cashmah Jane Rhodes ..... Signature

Washougal, Washington. ..... P. O. Address

Subscribed and sworn to before me this 2nd. day of April, 19 42.

(SEAL) L. J. Moody ..... Notary Public, residing at Washougal, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Mabel Fiedler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

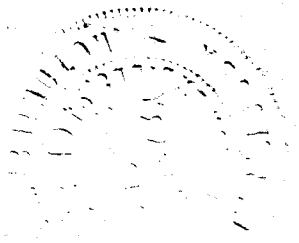
APR 8 1942

MAY 20 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



319-231-028-418

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339778
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootnanai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Clara Rose Winnifred Tait

5. Date of Birth of Child (Month, day, year) Aug. 31, 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Herbert Clarence Tait
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Roanoke (City or town), Indiana (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Mahoney
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Dundas (City or town), Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living no

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 a M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Alameda }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 48 years, and that Doctor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Tait Signature
3217 Central Avenue, Alameda, Calif. P. O. Address

Subscribed and sworn to before me this 1st day of April, 1942

(SEAL) Notary Public, residing at Alameda, Californ

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-911, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

3

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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417-09-007434

339872

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

APR 9 19[illegible] sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339872
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BLAINE (b) City Corral
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BLAINE
(c) City Corral
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Corral IDAHO

4. FULL NAME OF CHILD Earl Moses Maxfield

5. Date of Birth of Child (Month, day, year) 9-9-1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lucien Moses Maxfield
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Carmel (City or town) Maine (State or foreign country)
14. Exact Occupation Miller
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Amy McMullen
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Walla Walla (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 11 p. M. on the date and at the place stated above, and that personal particulars were furnished by James Henry Maxfield (First name) (Last name), who is related to this child as Uncle (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 48 years, and that Mrs. J. B. Jones (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Henry Maxfield Signature
R. 1 E. Jefferson St. Boise Ida. P. O. Address

Subscribed and sworn to before me this 7th day of April, 1942

(SEAL) [illegible] Notary Public, residing at Boise Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by [illegible], Registrar.

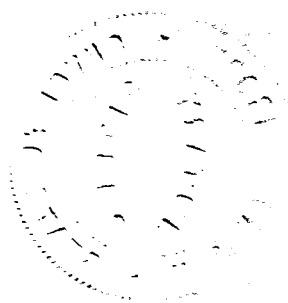
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APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



766-116-036-162

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339928
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City St John
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City St John
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Wilford Henry Goodliffe

5. Date of Birth of Child (Month, day, year) Oct. 16, 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Arbon Good liffe
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Jane Josephson
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 48 years, and that Ellen Elizabeth Goodliffe (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Anna Jane Josephson Goodliffe Signature

P. O. Address

Subscribed and sworn to before me this 7 day of April, 1942.

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Registrar.

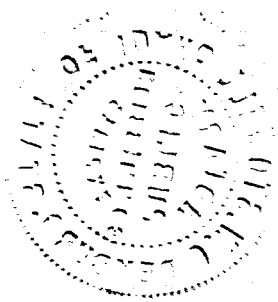
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



619-111-030-719

340072

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon City
(c) Street Address or R.F.D. No. Gen Dely
(d) Name of Hospital or Maternity Home: Andrews Hot Springs
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 2 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon City
(d) Street Address or R.F.D. No. Gen Dely
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Fred Clinton Farnham

5. Date of Birth of Child (Month, day, year) Sept 11th 1893

6. Sex Male

7. Twin or Triplet One

If so—born 1st, 2nd, 3rd First

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Scott Farnham
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Portage City Wisc (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Cabnit Maker

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Marie Parker
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Peshtigo, Marinette Co Wisc (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Blank

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nirate

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle Marie Parker Eckert (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington } ss.
County of King }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 48 years, and that Dr Whitwell (First name) (Last name), who attended this birth, Is now dece sed (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Myrtle Farnham Eckert Signature

Skykomish, Washington P. O. Address

Subscribed and sworn to before me this 25th day of March, 19 42

(SEAL) ..... Notary Public, residing at Skykomish, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3414, Idaho Code Annotated.)

Received for filing on MAR 30 1942 APR 9 1942 by Mary E Nelson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-204007-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340121
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: dwelling house
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD HAZEL MARIAN WEST

5. Date of Birth of Child (Month, day, year) June 4th, 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME RICHARD WEST
11. Color or Race WHITE
12. Age at time of THIS birth unknown yrs.
13. Birthplace London, England (City or town) (State or foreign country)
14. Exact Occupation cafe owner
15. Industry or Business restaurant keeper

MOTHER OF CHILD

16. FULL MAIDEN NAME MARGARET BURK
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Strathroy, Ontario, Canada. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington, County of Spokane, } ss.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 49 years, and that Mable (First name) Foote (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Richard West Signature
720 - O.W.B. Bldg Spokane P. O. Address

Subscribed and sworn to before me this 1st day of April, 19 42.

(SEAL) ..... Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

234 104 028 155

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340125
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Harrison
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county / years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Harrison
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Harrison, Idaho.

4. **FULL NAME OF CHILD** Raymond Jenkens Struve

5. Date of Birth of Child (Month, day, year) March 4, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hans H. Struve
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Mill Owner
15. Industry or Business Shingles

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Jenkins
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Humbird (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wisconsin } ss.
County of Clark }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 71 years of age, that I have known this person for 49 years, and that Mrs Ellen Struve (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma Struve Signature
Humbird, Wis P. O. Address

Subscribed and sworn to before me this 4th day of April, 1942

(SEAL)

Edward H. Stale Notary Public, residing at Humbird, Wis.
My term exp 2-24-46

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by Mark Truby, Registrar.

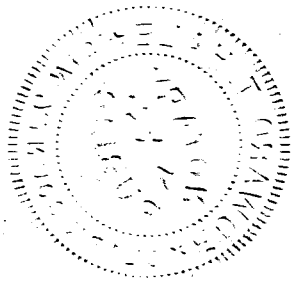
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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295 726 014 '212

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340179
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell Idaho

4. FULL NAME OF CHILD Walter Henry Siebenberg

5. Date of Birth of Child (Month, day, year) June 26, 1893

6. Sex Male

7. Twin or Triplet ? If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Henry Siebenberg
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Kastle (City or town) Germany (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida May Baker
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Clinton (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 48 years, and that Name of Physician forgotten (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Siebenberg Signature

Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of April, 1942

(SEAL) Marion E. Ware Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Mabel Keeler, Registrar.

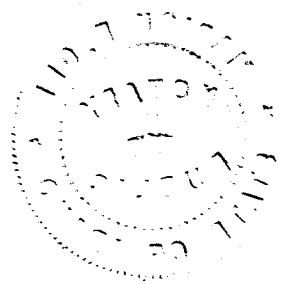
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 31 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962-225-047-619

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340192
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Logan (b) City Bellevue
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Logan
(c) City Bellevue
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD Lafda M Roberts

5. Date of Birth of Child (Month, day, year) June 25 1893

6. Sex female

7. Twin ~~or~~ Triplet If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alonzy Baxter Roberts
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Oregon City Oregon (City or town) (State or foreign country)
14. Exact Occupation Stone Mason
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Fairchild Sampson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Boone Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living ~~2~~ 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rosa F Shipp Signature
435-2nd Ave So, Twin Falls Ida. P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942.

(SEAL) P W Black Notary Public, residing at Twin Falls
My Commission Expires Jan 16 1944

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-814, I.C.A. 1932 as amended.)

Received for filing on APR 10 1942 by Mabel H Eden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-125-047619

340193

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Logan (b) City Bellevue
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Logan
(c) City Bellevue
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 57 yrs.

3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD Perry Roberts

5. Date of Birth of Child (Month, day, year) June 25 1893

6. Sex Male

7. Twin or ~~Triplet~~ If so—born 1st, 2nd, ~~3rd~~

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alonzo Baxter Roberts
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Oregon Lesly Oregon (City or town) (State or foreign country)
14. Exact Occupation Stone Mason
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Tampson Fairchild
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Ronne Iowa (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rosa H. Lupton Signature
435-3rd Ave E. Twin Falls, Ida. P. O. Address

Subscribed and sworn to before me this 9th day of April, 1942

(SEAL) D. W. Black Notary Public, residing at Twin Falls
My Commission Expires Jan 16 1944

(Note: Perjury is punishable as a felony in Idaho, see Sec. 21-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

431 130 038 415

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340204
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None None
(e) Mother's stay BEFORE delivery: IN THIS county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD Richard Lee McAdams

5. Date of Birth of Child (Month, day, year) May 30, 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Anderson Lee McAdams
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Pilot Point, Texas (City or town) (State or foreign country)
14. Exact Occupation Sawmill employee
15. Industry or Business Lumberman

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Bell Davis
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Wallowa, Oregon. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 48 years, and that Minerva Warden (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thurle Olive M. Adams Signature

319 E. Colorado, Monrovia, Calif. P. O. Address

Subscribed and sworn to before me this 2nd day of April, 19 42.

(SEAL) P. D. Eastley Notary Public, residing at Monrovia, Calif.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires November 16, 1942

Received for filing on APR 10 1942 by Lillian [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-103-036-639

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340388
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months **days**

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Franklin, Idaho

4. **FULL NAME OF CHILD** Brigham James Robinson

5. Date of Birth of Child (Month, day, year) January 3rd 1893

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Brigham Robinson

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace American Fork (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Oliverson

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Franklin (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Homemaker

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 49 years, and that Brigham Robinson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOT EILEEN MORGAN

Matilda Robinson Signature

My Commission Expires April 1, 1945

311 E. 85th st Los Angeles P. O. Address

Subscribed and sworn to before me this 10th day of APRIL, 1942

(SEAL) Gladys A. De Hoog Notary Public, residing at 9316 So Bdwy Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mark Kelsey, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

394-106-035-255

340406

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 1 yrs.

3. RESIDENCE OF FATHER (city, state) Don't Know

4. FULL NAME OF CHILD Robert Lester True

5. Date of Birth of Child (Month, day, year) 1-6-1893

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George William True
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Frankfort (City or town) Kentucky (State or foreign country)
14. Exact Occupation Carhenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Alsada Snell
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Mt Meniseno (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 49 years, and that Leona (First name) McCoy (Last name), who attended this birth Southwick Idaho (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Dora Cook Signature
Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 7 day of April, 1942

(SEAL) S F Eberhart Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 11 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363 ID 4003 433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340462
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Soda Springs

4. FULL NAME OF CHILD Donald W. Tolmie

5. Date of Birth of Child (Month, day, year) April 4, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Donald Tolmie
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Marybourgh, Roshire, Scotland (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Cattle

MOTHER OF CHILD

16. FULL MAIDEN NAME Annabelle McLeod
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Munlocky, Roshire, Scotland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 49 years, and that (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annabelle Tolmie Signature
Beaverhead, Ida. P. O. Address

Subscribed and sworn to before me this 10 day of April, 1942.
(SEAL) Notary Public, residing at Blackfoot, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on APR 10 1942 by Mary E. Cooper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

958-226025-769

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340497
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City —
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: —
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City —
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Nellie Reynolds

5. Date of Birth of Child (Month, day, year) Dec. 26, 1893

6. Sex female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Benton Reynolds
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Green County, Missouri (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** martha america Gordon
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Green County, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by martha Reynolds (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature John W. Turner M.D. ~~Midwife~~ Address Riverdale, Cal. Date 4-6-42

State of ... } ss.
County of ... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Mabel Pettee, Registrar.

APR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 202028 493

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340535
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootnai (b) City Rathdrum
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootnai
(c) City Rathdrum
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum, Ida.

4. FULL NAME OF CHILD Violet Marshall

5. Date of Birth of Child (Month, day, year) Aug. 2, 1893

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Joseph Marshall
11. Color or Race White **12.** Age at time of THIS birth ____ yrs.
13. Birthplace St. Joseph (City or town) Mo (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Estella Mittan
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Penn (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Skagit }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 60 years of age, that I have known this person for Since Aug. 2, 1893 years, and that Midwife's name Violet Mulkins (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Edna Dawson Signature
402 Moore St., Sedro Woolley, Wn. P. O. Address

Subscribed and sworn to before me this 8th day of April, 19 42.

(SEAL) ____ Notary Public, residing at Anacortes, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

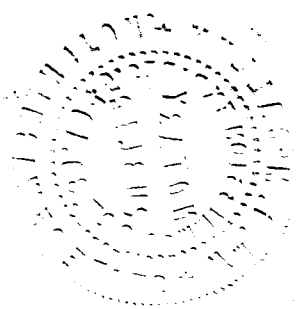
Received for filing on APR 13 1942 by Maud Fuller, Registrar.

APR 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



955-117040-141

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340658
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Fraser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home. days
IN **THIS** county years months

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Fraser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Fraser, Idaho

4. **FULL NAME OF CHILD** William Earle Reed

5. Date of Birth of Child (Month, day, year) Apr. 17, 1893

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Freeman Pierce Reed
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Delaware Co. Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Melissa Jane Adams
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Blackhawk Co. Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 5 A. M. on the date and at the place stated above and that personal particulars were furnished by L. T. Reed, who is related to this child as Grandfather (Mother, etc.)
(First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Adams }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 48 years, and that L. T. Reed (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Melissa Jane Reed Signature
R. D. R. R. 2. Box 246 P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942.
(SEAL) A. M. Boydstun Notary Public, residing at Ritzville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by [illegible], Registrar.

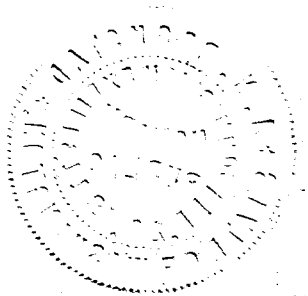
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



386-122040-613

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340759
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. R D
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. R D
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** John Frederick Thormahlen

5. Date of Birth of Child (Month, day, year) Jan 22, 1893

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Dick Thormahlen
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business 11

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Walters
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business 11

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Bro. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 49 years, and that Emanuel [illegible] (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Thormahlen Signature
Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 6th day of Apr. 1942

(SEAL) [illegible] Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by [illegible] Registrar.

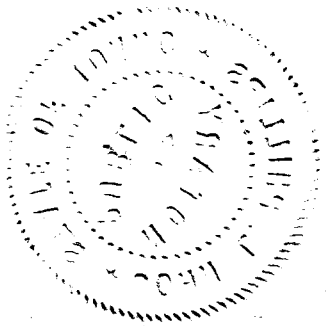
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819-205 002 465

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340979
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at mother's home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 56 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Bessie Luella Harrington

5. Date of Birth of Child (Month, day, year) March 5, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Zaddock Harrington
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Wyandotte (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Montgomery
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Malheur County (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Lillie Harrington (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO, County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 48 years, and that my mother (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lillie Harrington Signature

Council, Idaho P. O. Address

Subscribed and sworn to before me this 11 day of April, 1942

(SEAL) Matilda Moser, Clerk of District Court Notary Public, residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Mary M Allen, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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619-12700619

341003

341003

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341003
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None, Dr. Figgins, since dead
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Mary Ward (b) County
(c) City Hailey, Blaine Co. da
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hailey, Idaho

4. **FULL NAME OF CHILD** William Joseph Ward,

5. Date of Birth of Child (Month, day, year) Feb. 27, 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry M. Ward

11. Color or Race white

12. Age at time of THIS birth 35 yrs.

13. Birthplace dont know (City or town) (State or foreign country)

14. Exact Occupation Teamster

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Morris Ward,

17. Color or Race white

18. Age at time of THIS birth 20 yrs.

19. Birthplace Penna, (City or town) (State or foreign country)

20. Exact Occupation housewife,

21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dr Figgins, dead for years

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2,

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife I am mother of the man named. Address Date

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for all life years, and that Dr Figgins, long dead (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ward Signature

Hailey, Idaho. P. O. Address

Subscribed and sworn to before me this 9th day of April, 19 42.

(SEAL) J. J. Wheeler Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Mary Feldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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294 110 028 466

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341056
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Hope
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Hope
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11mo. 14 das. yrs.

3. RESIDENCE OF FATHER (city, state) Hope, Idaho

4. FULL NAME OF CHILD Stanley Ray Simpson

5. Date of Birth of Child (Month, day, year) April 10, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Wright Simpson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Oxford (City or town), Nova Scotia (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business No

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Moore
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Oxford (City or town), Nova Scotia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business No

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Snohomish }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 48 years, and that Mr. H. A. King (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Mary Jane Simpson Signature
2120 Everett ave. Everett P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942

(SEAL) W. P. McAllister Notary Public, residing at Everett

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mark Wheeler, Registrar.

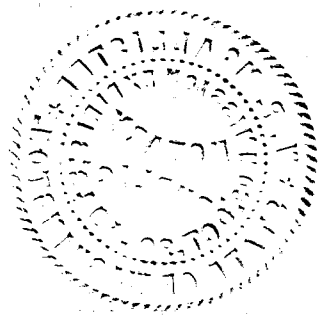
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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264 22 2004 696

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341076
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear lake (b) City Montpelier
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 1 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Idaho.

4. FULL NAME OF CHILD Margaret Ann Bourne

5. Date of Birth of Child (Month, day, year) June 22, 1893

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME John Thomas Bourne
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Farmington (City or town), Utah (State or foreign country)
14. Exact Occupation Railroad Conductor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriett Frost
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Kirby Mearside (City or town), England (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 48 years, and that Dr. C.A. Hooper (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriett Frost Bourne Signature
755 No. Garfield Ave., P. O. Address

Subscribed and sworn to before me this 17 day of April, 1942.
(SEAL) J. Blackhurst Notary Public, residing at Pocatello Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 8 1977

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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316-229017-213

341151

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CLARK (b) City BEAVER CANYON
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: OWN - HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County CLARK
(c) City BEAVER CANYON
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) BEAVER CANYON IDAHO

4. FULL NAME OF CHILD LUCERA LAWSON

5. Date of Birth of Child (Month, day, year) SEPTEMBER 29-1893

6. Sex FEMALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** John Robert Lawson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace GLASGOW (City or town) SCOTLAND (State or foreign country)
14. Exact Occupation RAIL ROAD LABORER
15. Industry or Business RAIL-ROAD

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JANE BALL.
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace SOUTH WALES (City or town) (State or foreign country)
20. Exact Occupation HOUSE-WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 48 years, and that Sarah Wilson (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Jane Lawson - MOTHER Signature
1608 Orange Av Long Beach P. O. Address

Subscribed and sworn to before me this 18 day of April, 1942

(SEAL) My Commission Expires June 15, 1944 Elizabeth E. Hamm Notary Public, residing at Long Beach Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279122022 692

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341252
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Labelle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Labelle
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Labelle, Ida.

4. FULL NAME OF CHILD John Robert Spracher

5. Date of Birth of Child (Month, day, year) Mar. 22, 1893

6. Sex M. **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd 2 **8.** No. months of Pregnacy Reg. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George G. Spracher
11. Color or Race Wh. **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Virginia (City or town) (State or foreign country)
14. Exact Occupation Groceryman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret E. Fisher
17. Color or Race Wh. **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Mrs. Wilber was midwife- deceased. Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Utah, County of Weber } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 49 years, and that Mrs. Wilber (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Margaret E Spracher Signature

Harriswille via Ogden, Utah P. O. Address

Subscribed and sworn to before me this 15 day of April, 1942

(SEAL) A. A. Brown Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Oct. 12, 1945

Received for filing on APR 20 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

994 214 003 464

341338

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 6 mar W

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Downey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay BEFORE delivery: IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County BANNOCK
   (c) City DOWNEY
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Downey Ida

4. **FULL NAME OF CHILD** ELIZA RIDER

5. Date of Birth of Child (Month, day, year) AUG. 14, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Homer Rider

11. Color or Race WHITE

12. Age at time of THIS birth 25 yrs.

13. Birthplace SALT LAKE CITY (City or town) UTAH (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZABETH MAUDE DOUGLASS

17. Color or Race WHITE

18. Age at time of THIS birth 23 yrs.

19. Birthplace OGDEN (City or town) UTAH (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Monterey } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 72 years of age, that I have known this person for 48 years, and that Ella Barger (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commision expires Oct. 29-1942 Elizabeth M. Rider Signature

P. O. Address

Subscribed and sworn to before me this 13th day of April, 1942

(SEAL) Josephine Brucia Gaussoin Notary Public, residing at Monterey Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mabel E. Miller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-22-0016-391

342426

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia Co. (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Albion Idaho

4. FULL NAME OF CHILD Lyla Pearl Burke

5. Date of Birth of Child (Month, day, year) 3-27-1893

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Edwin Burke
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Quincy (City or town) Ill. (State or foreign country)
14. Exact Occupation Assessor Cassia Co
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Tranmer
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Moscotah (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was yes (Born alive, stillborn) at Albion Ida M. on the date and at the place stated above, and that personal particulars were furnished by Anna Burke (First name) (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature Mary E. Anderson M.D. Midwife Address Albion Idaho Date 3-27-1893

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Mary M. Anderson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-22-02/-653

342503

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Florence Ann Bellinger

5. Date of Birth of Child (Month, day, year) 6/25/1893

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Merritt Bellinger

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Jacksonville, (City or town) Oregon, (State or foreign country)

14. Exact Occupation Liveryman

15. Industry or Business Livery Stable

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriett Ann Welch,

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Delphos, (City or town) Ohio, (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada, County of White Pine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for years, and that Dr. Collister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Harriet Ann Bellinger Signature

P. O. Box 3, Ely, Nevada, P. O. Address

Subscribed and sworn to before me this 18th day of April, 1942

(SEAL) Notary Public, residing at Ely, Nevada,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3414, Idaho Code Annotated.)

Received for filing on APR 22 1942 by Mark Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-218-003-266

342695

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342695
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Cleveland Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No Cleveland Ave
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mildred Rae Johnston

5. Date of Birth of Child (Month, day, year) Dec. 18, 1893

6. Sex girl **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Daniel Johnston
11. Color or Race White **12.** Age at time of THIS birth about 25 yrs.
13. Birthplace Lancaster County Pa. (City or town) (State or foreign country)
14. Exact Occupation Stowkeeper Waiter
15. Industry or Business Pacific Railroad.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Clara Boothe
17. Color or Race White **18.** Age at time of THIS birth about 25 yrs.
19. Birthplace Brigham City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 48 years, and that James H. Bean (First name) (Last name), who attended this birth is now deceased (Is now deceased) or ([redacted]). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

by Howard V Platt Signature
13360 Burbank Boulevard, Van Nuys, Calif. P. O. Address

Subscribed and sworn to before me this 18th day of April, 1942

(SEAL) Edith L Sloan Notary Public, residing at Van Nuys Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-21-030-632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

342738
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Salmon
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 11 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lillian May Johnson

5. Date of Birth (Month, day, year) Sept. 17-1893

6. Sex. F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Isaac Sherman Johnson

11. Color or Race White

12. Age at time of THIS birth 47 yrs.

13. Birthplace Norway
(City or town) (State or foreign country)

14. Exact Occupation rancher

15. Industry or Business ranch

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Anne Olson

17. Color or Race White

18. Age at time of THIS birth 27 years

19. Birthplace Cambridge Wis
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) APR 23 1942 (Date received) (b) Mabel Helen (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Josephine J. Barrack, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lillian May Johnson (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. C. Rimmey (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Josephine J. Barrack Name
Salmon Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of March, 1942

(SEAL) W. W. Simmonds, Clerk of ~~Notary Public, residing at~~ the District Court, in and for Lemhi County, Idaho By Clover Edwards Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1982

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-22-207-296

342779

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Stanton
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Stanton
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Stanton, Idaho

4. FULL NAME OF CHILD Grace Florence Stanton

5. Date of Birth of Child (Month, day, year) Oct 21, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edwin Marion Stanton
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Ellen Brooks
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Mountrieu, Missouri (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Carbolic Acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living All

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife Address ..... Date .....

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 79 years of age, that I have known this person for 49 years, and that Mrs Charley Black (First name) (Last name), who attended this birth, is now Deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Margaret Ellen Brooblett Signature
5518 Fremont P. O. Address

Subscribed and sworn to before me this 22 day of April, 1942

(SEAL) Alice Co Haney Notary Public, residing at Los Angeles

Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.

Received for filing on APR 25 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-206-029-929

342838

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City LINDEN
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay BEFORE delivery: IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City LINDEN
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** Eva LaVella Smith

5. Date of Birth of Child (Month, day, year) May 6 1893

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jordan Carie Smith
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Brightwood Pa (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Israel
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Troy Ida (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by EMMA L LONGFELLOW (First name) (Last name) who is related to this child as none (Mother, etc.)

25. Attendant's **OWN** signature Mae E. L. Taylor M.D. Degree or Title Address SOUTHWICK, IDAHO Date 4-15-1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mabel Erickson, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

919-215-029-553

342859

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342859
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT OWN HOME IN COUNTRY
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No. NO R.F.D. THEN
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) MOSCOW IDA

4. **FULL NAME OF CHILD** EMMA MADALYON CARDER

5. Date of Birth of Child (Month, day, year) MAY 15 1893

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GEORGE ALEXANDER CARDER
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace BURFORD ONT. CANADA (City or town) (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business NONE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** VIRGINIA NELMS
17. Color or Race WHITE
18. Age at time of THIS birth 19 yrs.
19. Birthplace CAROL County MISOURI (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE.
21. Industry or Business NONE.

22. Name prophylactic used to prevent Ophthalmia Neonatorum I DONT KNOW.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person ~~for~~ since birth years, and that Dr. Dix (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter ~~139~~, 1937 Session Laws.

George Alexander Carder Signature
4411 N. Adams, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 24th day of April, 1942

(SEAL) Paul L. Schiffner Notary Public, residing at Spokane Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

492-109-028-492

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342928
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootnie (b) City Sandpoint
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: Birth Was at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 9 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootnie
   (c) City Sandpoint
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sandpoint Idaho

4. **FULL NAME OF CHILD** Arthur Edward Dishman

5. Date of Birth of Child (Month, day, year) July 9-1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wilton B Dishman
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Edgehill (City or town) VA (State or foreign country)
14. Exact Occupation Retired
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mannie Doss Dishman
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Casyville (City or town) Ky (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for Birth years, and that Mrs Lasuke (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mannie Dishman Signature
2235 West 25th St P. O. Address

Subscribed and sworn to before me this 25 day of April, 1942

(SEAL) [signature] Notary Public, residing at 1136 S. Burns Los Angeles, Cal.

My Commission Expires May 13, 1944

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by [signature], Registrar.

APR 29 1942

NOV 28 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-108-022-652

342983

United States Department of Commerce Bureau of the Census

APR 29 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342983
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Teton
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Teton Idaho

4. FULL NAME OF CHILD Charles Henry Vivian Rowe

5. Date of Birth of Child (Month, day, year) Apr 8, 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ruben Horton Rowe
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Brockville (City or town) Ontario Canada (State or foreign country)
14. Exact Occupation Bridge Contractor
15. Industry or Business Bridge Building

MOTHER OF CHILD

16. FULL MAIDEN NAME Leanora Webster
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 49 years, and that Jane Graham (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William T. Rowe Signature
328 East Bannock Boise Ida. P.O. Address

Subscribed and sworn to before me this 28th day of April, 19 42

(SEAL) Wm. Hall Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. Exp. 3/1/46

Received for filing on APR 29 1942 by Mabel F. Elder, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-12-004-466

342988 342988

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Nounan,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Nounan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Nounan, Idaho

4. FULL NAME OF CHILD Edward Minnig.

5. Date of Birth of Child (Month, day, year) 4/12/1893

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME John Minnig
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Moorey
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bear Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for all his life years, and that Mrs. C. Bridges (First name) (Last name), who attended this birth now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Minnig Signature
Nounan, Idaho. P. O. Address

Subscribed and sworn to before me this 25th day of April, 1942.
(SEAL) Chas Eldredge Notary Public, residing at Montpelier.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mavel Fielder, Registrar.

APR 12 1962

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

662-18.001-414

343024

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 1 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343024
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 5th & Ada Sts
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 5th & Ada Sts
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Raymond Lee Foster

5. Date of Birth of Child (Month, day, year) Sept. 28, 1893

6. Sex Male

7. Twin or Triplet Nil

If so—born 1st, 2nd, 3rd Nil

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Alexander Foster
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Grinell (City or town) Iowa (State or foreign country)
14. Exact Occupation Peasley Transfer Co
15. Industry or Business Household Goods Moveing

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Jane Martin
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Benton (City or town) County Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 48 years, and that Dr. (First name) Bowers (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Martin Foster Signature
911 Bannock St. P. O. Address

Subscribed and sworn to before me this 16 day of April, 1942.

(SEAL) Ellen Donovan Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mary F. Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1959

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-111-001-565 MAY 1942 343037

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343037
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 408
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 11 days. In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth) (a) State Idaho (b) County Ada (c) City Boise (d) Street Address or R.F.D. No. (e) How long has **MOTHER** lived in Idaho? 4 yrs. (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): Boise, Ida.

4. **FULL NAME OF CHILD** Edgar Clifford Starn

5. Date of Birth (Month, day, year) Sept 11, 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward H Starn
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Westfield Indiana (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Louise Hamilton
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation none
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 4 a M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAY 1 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.) and address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Edward H Starn being first duly sworn say that I am Related (Related to (or) acquainted with) Edgar Clifford Starn (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws and that the facts contained therein are true to the best of my knowledge. I further state that Dr. P. C. Bowers (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edward H. Starn Signature

P. O. Address

Subscribed and sworn to before me on this 1st day of May, 19 42

(SEAL) Notary Public, residing at Boise, Idaho

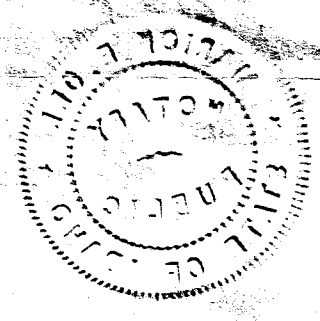
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

RECEIVED
MAY 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



418-129-006-235

343065

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls,

4. FULL NAME OF CHILD JOHN BASIL DAHLSTROM

5. Date of Birth of Child (Month, day, year) Aug. 29, 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harvey Dahlstrom
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Motala, (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Phoebe Ann Steers
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Richmond, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 48 years, and that Mrs Stevens (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Phoebe A. Grant Signature

719 McKinley Ave., Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of April, 19 42.

(SEAL) Leslie M. Thiele Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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652-109,030-154

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343073
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Gilmore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gilmore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gilmore, Idaho

4. **FULL NAME OF CHILD** Rowland Anderson Webb

5. Date of Birth of Child (Month, day, year) Feb. 9, 1893

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Roffey Webb
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Bicheny (City or town), England (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Normandie Anderson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half brother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 60 years of age, that I have known this person for 49 years, and that Mrs Charles Distzo (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A. F. Lashbrook Signature
2102 N. 4th, Coeur d'Alene, Ida. P. O. Address

Subscribed and sworn to before me this 27 day of April, 1942.

(SEAL) By Dorothy Bakke Deputy Jas. A. Foster Notary Public, residing at CLERK OF DISTRICT COURT EX-OFFICIO AUDITOR & RECORDER

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by Mabel Nielsen REGISTRAR, KOOTENAI COUNTY, IDAHO Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

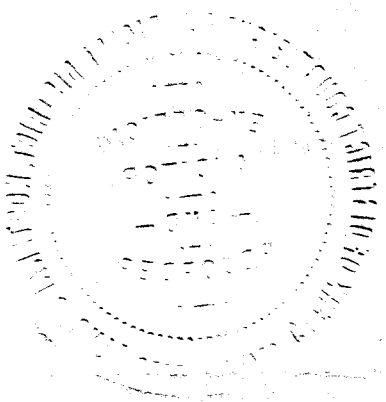
APR 29 1942

MAY 26 1977

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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553/19036-691

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343143
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Mink Creek
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Parents' home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Clarence C. Nelson

5. Date of Birth of Child (Month, day, year) Mar. 19, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jens P. Nelson

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Nortvede (City or town) Denmark (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Frandsen

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Tyvelse (City or town) Denmark (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Utah } ss.
County of Box Elder }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 49 years, and that Martha (First name) Hansen (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jens P. Nelson Signature

450 S. Main St., Brigham, Utah P. O. Address

Subscribed and sworn to before me this 24th day of April, 19 42.

(SEAL) J. Norman Lee Notary Public, residing at Brigham, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mark Heslen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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396-102020-255

343298

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No. Section House RR
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No. Sec. House, Ry.
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Mt. Home Ida.

4. FULL NAME OF CHILD Hubert Pierce Cronin

5. Date of Birth of Child (Month, day, year) Sept. 2-1893

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jeremiah Cornnilous Cronin
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace County Cork, Ireland (City or town) (State or foreign country)
14. Exact Occupation Ry. Section Foreman
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Kennedy
17. Color or Race white **18.** Age at time of THIS birth 28 yrs.
19. Birthplace County Mayo, Ireland (City or town) (State or foreign country)
20. Exact Occupation Section House Operator
21. Industry or Business Railroad

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 48 (4 Mo.) years, and that (unknown) (First name) a Dr. Smith (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Cronin Signature
1320 Douglas St. Los Angeles, Calif. Address

My Commission Expires Aug. 9, 1945

Subscribed and sworn to before me this 28th day of April, 19 42

NOTARY PUBLIC (SEAL) [illegible] Notary Public, residing at Los Angeles, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by Maud Kreiser, Registrar.

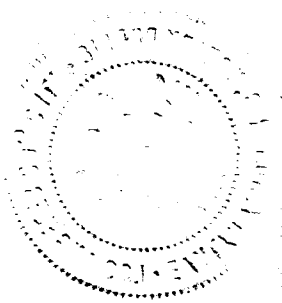
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MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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795 712-029 435

343305

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Avon
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City RFD, Avon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Avon, Idaho

4. FULL NAME OF CHILD Benjamin George Greenwood

5. Date of Birth of Child (Month, day, year) Mar 12, 1893

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Rufus Greenwood
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Chandlersville, Illinois (City or town) (State or foreign country)
14. Exact Occupation lumberman
15. Industry or Business lumberman -logging

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Julia McVicar
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace St Paul, (City or town) Minnesota (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum no

~~**23.** Number of children of this mother: (a) At time of birth and including this child~~ 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington } ss.
County of Pierce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 49 years, and that no one (First name) ____ (Last name), who attended this birth ------ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, ~~1937~~ Session Laws.

Florence Julia Greenwood Signature
RFD#1, Buckley, Washington P. O. Address

Subscribed and sworn to before me this 25th day of April, 19 42

(SEAL) H. Caley Notary Public, residing at Buckley, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mabel Weeden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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993-116022815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343434
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No. #2
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg,
(d) Street Address or R.F.D. No. RFD #2
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Idah, RF

4. FULL NAME OF CHILD John Alfonso Ricks

5. Date of Birth of Child (Month, day, year) Sept.16, 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Ricks
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Logan, Utah (City or town) (State or foreign country)
14. Exact Occupation farming & blacksmithing
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Hansen
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Skelby, Benmark, Europe (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 5 years, and that Emma Walz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Julia Ricks Signature
Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of February, 19 42

(SEAL) Ellen Hamblin Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by Mabel Wheeler, Registrar.

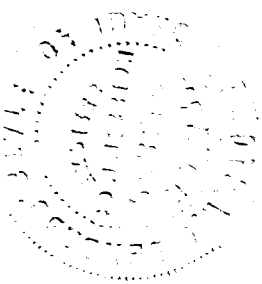
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



345-128-822-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343442
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Parker, Idaho.

4. **FULL NAME OF CHILD** Mahonry Earl Lund

5. Date of Birth of Child (Month, day, year) 3/28/93

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Rudolph Lund
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Christiania, Norway (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Wilkinson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum nothing used
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 49 years, and that Mrs. (First name) Winegar (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl Rudolph Lund Signature

2564 S. 8 East, Salt Lake City, U. P. O. Address

Subscribed and sworn to before me this 28th day of April, 1942

(SEAL) [signature] Notary Public, residing at Salt Lake City, U.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by~~ the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763 229 030-255

343446

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County.....LEMHI..... (b) City...SALMON.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State..... (b) County.....
(c) City .....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD.....ANNA JOSEPHINE POLLARD.....

5. Date of Birth of Child (Month, day, year)..12/29/1893.....

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME.....FRANCIS MARION POLLARD.....
11. Color or Race.....White.....
12. Age at time of THIS birth..39.....yrs.
13. Birthplace.....Lancaster, Missouri.....
(City or town) (State or foreign country)
14. Exact Occupation ...Contracted U. S. Mail Carrier.....
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME.....SOPHRONIA ARILLA KENNEY.....
17. Color or Race.....White.....
18. Age at time of THIS birth..27.....yrs.
19. Birthplace.....Waterville, Minnesota.....
(City or town) (State or foreign country)
20. Exact Occupation .....Housewife.....
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..4..... (b) Born alive and now living....3....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of...CALIFORNIA... } ss.
County of...LOS ANGELES... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the...Sister... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now...53...years of age, that I have known this person for...48...years, and that ...Dr. G. A. Kenney... (First name) (Last name), who attended this birth...is now deceased... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Esther Murphy .....Signature

Remer, Minnesota .....P. O. Address

Subscribed and sworn to before me this 29th day of April, 1942

(SEAL) Claude A. Adams Notary Public, residing at Los Angeles County California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154 106-029-753

343566

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343566
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. S. Washington St.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. S. Washington St.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Clarence Austin Anderson

5. Date of Birth of Child (Month, day, year) June 6, 1893

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin Anderson
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Gottenberg (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Charlotte Peterson
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 48 years, and that Dr. C. L. Gritman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oscar M. Anderson Signature

504 S. Hayes St., Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of May, 19 42.

(SEAL) HARRY A. THATCHER, Ex-officio Auditor and Recorder. Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) By Rose E. Lawson Deputy.

Received for filing on MAY 4 1942 by Mabel H. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-12-5-001-636

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343661
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. 1502 N 7th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County
(c) City BOISE
(d) Street Address or R.F.D. No. 1502 N 7th
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) BOISE, IDAHO

4. FULL NAME OF CHILD CHARLES THOMAS FINEGAN

5. Date of Birth of Child (Month, day, year) JAN 25-1893

6. Sex M/MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME THOMAS FINEGAN
11. Color or Race WHITE **12.** Age at time of THIS birth 45 yrs.
13. Birthplace DROGHEDA (City or town) IRELAND (State or foreign country)
14. Exact Occupation BUILDING CONTRACTOR
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARGARET O'CONNOR
17. Color or Race WHITE **18.** Age at time of THIS birth 33 yrs.
19. Birthplace ROSCOMMON (City or town) IRELAND (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Multnomah } ss.
County of Oregon }

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for ____ years, and that DR. GEO. CALLISTER (First name) (Last name), who attended this birth (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Finegan Tierney Signature
3142 NE 22 Portland Oregon P. O. Address

Subscribed and sworn to before me this 30 day of April, 1942

(SEAL) M. Fitzgerald Notary Public, residing at Portland, OREGON

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES OCT. 23, 1944

Received for filing on MAY 4 1942 by Mabel Kelly, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-46-037-36 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 343720
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Cassia (b) City Wilson P.O.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: ✓
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county 27 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State 27 (b) County 27
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** Same as Mother Cassia Co. Idaho

4. **FULL NAME OF CHILD** James Charles Bernard

5. **DATE OF BIRTH** (Month, day, year) Feb 16 1893

6. Sex Male

7. Twin or Triplet ×

If so—born 1st, 2nd, 3rd ×

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Charles Bernard

11. Color or Race White

12. Age at time of THIS birth 55 yrs.

13. Birthplace Prince Edwards (City or Town) Iowa (State or foreign country)

14. Exact Occupation Farming

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada P. Cox

17. Color or Race White

18. Age at time of THIS birth 41 yrs.

19. Birthplace Kokomo (City or Town) Ind. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol arg nit.

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4
(c) Born alive and now dead 5 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by James Charles Bernard (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature J H Murray M.D. (D.O., Midwife, etc.)
and address Malta Ida Date May 8. 1942

26. (a) MAY 7 1942 (Date received) Mark Tredea (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

MAY 8 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

231-119 029 79

343721

343721

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 8 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343721
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Cameron
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home on the farm
(e) Mother's stay BEFORE delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Cameron
(d) Street Address or R.F.D. No. on farm
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Cameron, Idaho

4. FULL NAME OF CHILD George Warren Staggs

5. Date of Birth of Child (Month, day, year) April 19 1895.

6. Sex Male

7. Twin or Triplet -0-

If so—born 1st, 2nd, 3rd -0-

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert C. Staggs
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace McMinnville, (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Delphia Lee Parsons
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace unknown (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

State of Oregon } ss.
County of Umatilla }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 49 years, and that forgotten (First name) ____ (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES DEC. 27, 1944

Alyde A Staggs Signature
Umatilla, Oregon P. O. Address

Subscribed and sworn to before me this 2nd day of May, 1942

(SEAL) Johnson E. Luther Notary Public, residing at Umatilla, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Mary E Eagan, Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

353-207016-718

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343752
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Malta
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 4 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Malta
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malta, Idaho.

4. **FULL NAME OF CHILD** Isabella Josephine Telfer

5. Date of Birth of Child (Month, day, year) Nov. 7, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Telfer
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Carptown (City or town), Scotland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Payne
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Peneke (City or town), California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 48 years, and that Mrs Mary (Pardue) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Haller Signature

Albion, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of April, 1942.

(SEAL) [signature] Notary Public, residing at Albion Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 30 1942 by [signature], Registrar.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 123 007 353

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343843
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue, Idaho

4. FULL NAME OF CHILD Harry Arthur Waters

5. Date of Birth of Child (Month, day, year) October 23, 1893

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Luther Waters
11. Color or Race White
12. Age at time of THIS birth 56 yrs.
13. Birthplace Cayuga, New York (City or town) (State or foreign country)
14. Exact Occupation Attorney
15. Industry or Business County Attorney

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucie Eugenie Cellier
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Oakland, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the life-long friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 49 years, and that Dr. (First name) Jones (Last name), who attended this birth (is now deceased) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. N. C. DeLano Signature

5603 South Van Ness Avenue, Los Angeles P. O. Address

Subscribed and sworn to before me this 1st day of May, 19 42 California

(SEAL) Mabel G. Branch Notary Public, residing at 5322 Crenshaw Blvd.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires Jan 24 1946

Received for filing on MAY 4 1942 by Mabel E. Collins, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

256-216025-415

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343864
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Mount Idaho
(c) Street Address or R.F.D. No. - -
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years 4 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Mount Idaho, Idaho.
(d) Street Address or R.F.D. No. - -all her life
(e) How long has **MOTHER** lived in Idaho? - - yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville, IDAHO.

4. FULL NAME OF CHILD (.) Esther Knox

5. Date of Birth of Child (Month, day, year) 9-16-1893

6. Sex female **7.** Twin or Triplet neither If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Norman Knox
11. Color or Race white **12.** Age at time of THIS birth 29 yrs.
13. Birthplace East Machias (City or town), Maine (State or foreign country)
14. Exact Occupation Since 1923-Deputy Auditor-
15. Industry or Business Idaho County, Idaho.

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Ann Manuel
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Warren (City or town), Idaho Terr. (State or foreign country)
20. Exact Occupation Housewife) She died
21. Industry or Business Housewife) in 1913.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was - - (Born alive, stillborn) at - - M. on the date Attendant physician, now dead and at the place stated above, and that personal particulars were furnished by - - - (First name) (Last name), who is related to this child as - - (Mother, etc.)

25. Attendant's **OWN** signature - - - M.D. Midwife Address none attended. Date - - -

State of Idaho, County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for all her years, and that the physician (First name) (Last name), who attended this birth is dead. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William M. Knox Signature

Grangeville, Idaho P. O. Address

State of Idaho, County of Idaho } ss.

Subscribed and sworn to before me this 30th day of April, 1942.

(SEAL) Henry Tilden Notary Public, residing at County Recorder Grangeville, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mina Tilden, Registrar.

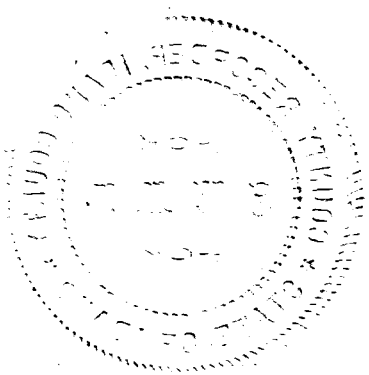
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



315 222 014 253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343907
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home:
X
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 16 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 4 9 mth
(e) How long has **MOTHER** lived in Idaho? 16 yrs. yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Hazel Mahala Lane

5. Date of Birth of Child (Month, day, year) April 22, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Wesley Lane
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Des Moines (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Victoria Alice Kelley
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Tarkio, Missouri (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used at this date

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 48 years, and that Mary Harris (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Victoria Alice Lane Signature
Huntington, Oregon P. O. Address

Subscribed and sworn to before me this 20 day of April, 19 42

(SEAL) Ida N. Dunning Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3A 22403 669

343938

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Forgotten
(d) Name of Hospital or Maternity Home: 0
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 3 years 2 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Pocatello
(d) Street Address or R.F.D. No. Forgotten
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Idaho

4. FULL NAME OF CHILD Estella Agnes Carson

5. Date of Birth of Child (Month, day, year) 3/24/1893

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? ✓

FATHER OF CHILD

10. FULL NAME Thomas Edward Carson
11. Color or Race W **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Hanover (City or town) Indiana (State or foreign country)
14. Exact Occupation Rail Road Machinist
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Mae Forbes
17. Color or Race W **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Lebanon (City or town) Indiana (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 49 years, and that Dr Steely (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Mae Eisele Signature
Earlham Iowa P. O. Address

Subscribed and sworn to before me this 17 day of April, 1942.
(SEAL) Hales A. Calhoun Justice of the Peace residing at Earlham Ia.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1942 by Mabel Weeden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-218001495

343964

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Martha Ann Bingman

5. Date of Birth of Child (Month, day, year) April 18, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Washington Bingman
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Winifred Drew
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Gatesville Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 49 years, and that Judy (First name) Joplin (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Winifred Bingman Signature

Moscow, Idaho R F D 3 P. O. Address

Subscribed and sworn to before me this 4th day of May, 19 42

(SEAL) E. S. Thompson Notary Public, residing at Moscow Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mabel Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

995-201006-765

343966

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mrs. Gerber
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Alturas
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue Idaho

4. FULL NAME OF CHILD Lydia Agnes Gertrude Ireton

5. Date of Birth of Child (Month, day, year) 12-1-1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Tweedy Ireton

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Belfast (City or town) Ireland (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie Gfeller

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Thun Switzerland (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of IDAHO } ss.
County of PAYETTE }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 48 years, and that MRS. McMILLAN (First name) (Last name), who attended this birth, IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Ireton Signature

PAYETTE IDAHO P. O. Address

Subscribed and sworn to before me this 2 day of MAY, 1942

(SEAL) Jess J. Leonard Notary Public, residing at PAYETTE IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mary Fidler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-101-030-396

344090

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LEMHI (b) City SALMON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ON RANCH
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City SALMON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) SALMON IDA.

4. FULL NAME OF CHILD GARDNER MANFULL

5. Date of Birth of Child (Month, day, year) 9/1/1893

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN C. MANFULL
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace CA CROSS (City or town) MINN. (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARION ELIZABETH CROUCH
17. Color or Race WHITE **18.** Age at time of THIS birth 37 yrs.
19. Birthplace JACKSON (City or town) MICH. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 P.M. on the date and at the place stated above and that personal particulars were furnished by Sadie (First name) Van Stratt (Last name) who is related to this child as Midwife (Mother, etc.)

25. Attendant's **OWN** signature Sadie Van Stratt ~~M.D.~~ Midwife Address Salmon Ida[illegible] Date 4/17/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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PS-117028-846

344113

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an additional payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) ~~City~~ On Farm
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county One years XX months XX days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City On Farm
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Kootenai Co. On Farm

4. FULL NAME OF CHILD Charles Melvin Greene

5. Date of Birth of Child (Month, day, year) Jan. 17, 1893

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd XX **8.** No. months of Pregnacy Regular Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel (NMN) Greene
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Boone County, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lottie Huffman
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Boone County, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Maintaining Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of County Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 80 years of age, that I have known this person for 49 years, and that Doctor Wertz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lottie Huffman Greene Signature

1312 N. Madison St. Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 29th day of April, 19 42

(SEAL) ..... Notary Public, residing at Spokane, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

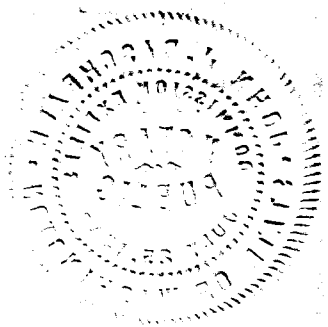
Received for filing on MAY 7 1942 by ..... Registrar.

MAR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



419/104029/154

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344134
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county one years one months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Thomas E. Marshall

5. Date of Birth of Child (Month, day, year) Nov. 4th 1893

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Schuyler C. Marshall
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business as above

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Anderson
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business as above

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at II A M. on the date and at the place stated above and that personal particulars were furnished by Schuyler C. Marshall (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Coyle Oklahoma Date

State of Oklahoma
County of Logan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 49 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Schuyler C. Marshall Signature

Coyle Oklahoma P. O. Address

Subscribed and sworn to before me this 2nd day of May, 1942

(SEAL) J. W. Eckman Notary Public, residing at Coyle Oklahoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. Ex. 4-15-44

Received for filing on MAY 9 1942 by ....., Registrar.

MAY 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

697-109001-595

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344158
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. ?
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** ARLEY RICHARD WIGLEY

5. Date of Birth of Child (Month, day, year) 5/9/1893

6. Sex M

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd X

8. No. months of Pregnacy 280Days. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Henry Wigley
11. Color or Race Caucasion
12. Age at time of THIS birth 27 yrs.
13. Birthplace Alabama (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Vincent
17. Color or Race Caucasion
18. Age at time of THIS birth 27 yrs.
19. Birthplace Halfway (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Missouri } ss.
County of Polk }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 54 years of age, that I have known this person for 49 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Vincent Signature
Halfway Mo P. O. Address

Subscribed and sworn to before me this 4th day of April, 1942

(SEAL) Silas Jump Notary Public, residing at Halfway Mo.

My Commission Expires May 6th, 194-

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mabel E. Baker, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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613-127007-699 344257 344257

United States Department of Commerce
Bureau of the Census

MAY 14 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county all years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? all yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD Thomas Walter Walker

5. Date of Birth of Child (Month, day, year) April 27 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9 months

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Walter Walker
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Benton (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Friedrich
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Buchenbach (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Seventy years of age, that I have known this person for life years, and that Mrs. Bull (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Friedrich Walker Signature
Hailey Idaho P. O. Address

Subscribed and sworn to before me this 13th day of May, 1942.
(SEAL) Myrna L. Reeves Notary Public, residing at Hailey

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by Mabel F. Elder, Registrar.

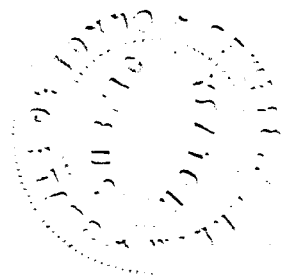
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 1942

DELAYED REGISTRATION LAW

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129-219029-7/2

344287 344287

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) ~~Street Address~~ or R.F.D. No. I
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) ~~Street Address~~ or R.F.D. No. I
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD Clarice Abrahamson

5. Date of Birth of Child (Month, day, year) Sept. 19, 1893

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Andrew Abrahamson
11. Color or Race white **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Augusta Gabrielson
17. Color or Race White **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 49 years, and that M. D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert T. Abrahamson Signature

Moscow, Idaho R 4 Box I P. O. Address

Subscribed and sworn to before me this 9th day of May, 19 42

(SEAL) H. Milligan Notary Public, residing at Moscow Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-924, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by Mamie Field, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453 227014 165

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344421
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 4 years, 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette Idaho

4. **FULL NAME OF CHILD** Sarah Edith Decker

5. Date of Birth of Child (Month, day, year) Oct 27 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Decker-
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Holland (City or town) (State or foreign country)
14. Exact Occupation Laborer-
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Jones
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Berkshire (City or town) mass (State or foreign country)
20. Exact Occupation Home worker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of New York
County of Monroe } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 15 years of age, that I have known this person for 48 years, and that Dr (First name) Deland (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Decker Doland Signature
1423 South ave P. O. Address

Subscribed and sworn to before me this 5 day of May, 1942

(SEAL) Edward A. Miller Notary Public, residing at Rochester N.Y.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 11 1942 by Mabel Weber, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

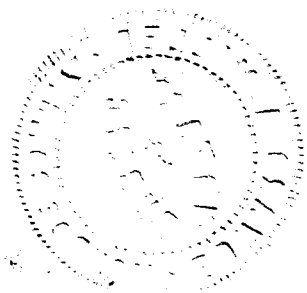
MAY 26 1955

MAY 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



751 709 029-613

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344436
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City KENDRICK
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) KENDRICK, IDA

4. **FULL NAME OF CHILD** RAMSAY WALKER PEARCE

5. Date of Birth of Child (Month, day, year) 8-9-93.

6. Sex MALE

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JAMES M. PEARCE
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace Princeton (City or town) KENTUCKY (State or foreign country)
14. Exact Occupation Grain buyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** INDIA WALKER
17. Color or Race WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace DesMoines (City or town) Iowa (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of IDAHO, County of KOOTENAI } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the UNCLE (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 48 years, and that Dr. Rothwell (First name) (Last name), who ~~attended~~ this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ramsay M. Walker Signature
Coeur d'Alene Ida. P. O. Address

Subscribed and sworn to before me this 6 day of January, 1942

(SEAL) RICHARD ARNEY Notary Public, residing at Coeur d'Alene Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mabel H. Leffler, Registrar.

MAY 14 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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755-218 004-244

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344485
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Paris
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at mother's home
(e) Mother's stay **BEFORE** delivery: all her life
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Paris
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 71 yrs.

3. RESIDENCE OF FATHER (city, state) Paris, Idaho

4. FULL NAME OF CHILD Hazel Eliza Pendrey

5. Date of Birth of Child (Month, day, year) Oct. 18, 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Daniel William Pendrey
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Birmingham (City or town) England (State or foreign country)
14. Exact Occupation tin-smith
15. Industry or Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME Lizzie Budge
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Providence, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Bear Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 49 years, and that Dr. Jacobson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lizzie Budge Pendrey Signature
P. O. Address

Subscribed and sworn to before me this 24 day of May, 1942

(SEAL) Albert W. Jones Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, Residing at Montpelier, Idaho
My Commission Expires April 14, 1944

Received for filing on MAY 12 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593-203 007-491

344575

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 6 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue, Idaho

4. FULL NAME OF CHILD Edna Lillian Nichols

5. Date of Birth of Child (Month, day, year) MAR. 3, 1893

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Clark Chester Nichols
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marion Patience Drake
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Linn }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 49 years, and that Mrs. (First name) McKay (Last name), midwife, who attended this birth do not know address (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marion P. Nichols Signature
411 E. 2nd Albany, Ore. P. O. Address

Subscribed and sworn to before me this 5th day of May, 1942.

(SEAL) Rodney W. Tripp Notary Public, residing at Albany, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES NOVEMBER 13, 1945.

Received for filing on MAY 9 1942 by Mabel Hedden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-230025-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344593
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? [illegible] yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Idaho

4. FULL NAME OF CHILD Esther Winifred Buzzell

5. Date of Birth of Child (Month, day, year) April 3d 1893

6. Sex female **7.** Twin or Triplet If so, born 1st, 2nd, 3rd **8.** No. months of Pregnacy nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Lincoln Buzzell
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace West Barrington (City or town) New Hampshire (State or foreign country)
14. Exact Occupation Minister on Methodist Circuit
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Johnson
17. Color or Race white **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Montezuma (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Montana } ss.
County of Ponderia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 49 years, and that Dr. (First name) Bibby (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane Buzzell Signature
Concord New Hampshire P. O. Address

Subscribed and sworn to before me this 12 day of May, 1942

(SEAL) [illegible] Notary Public, residing at Concord, New

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-206-022-219

344876

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Teton
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Flossie McKinlay ~~McArthur~~

5. Date of Birth of Child (Month, day, year) Feb. 6, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? no

FATHER OF CHILD

10. FULL NAME George W. McKinlay

11. Color or Race white

12. Age at time of THIS birth yrs.

13. Birthplace Cowdenbeath (City or town) Scotland (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Ford Barclay.

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Walkerton (City or town) Scotland (State or foreign country)

20. Exact Occupation House-wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 49 years, and that Mary Sorensen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mettie Richman Signature

Teton, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of May, 1942

(SEAL) Probate Judge Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by Mabel Nielsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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238-21-235-634

344947

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344947
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Genesee, P.O.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City on farm near Genesee, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Ida.

4. FULL NAME OF CHILD Frieda Sophia Scharnhorst

5. Date of Birth of Child (Month, day, year) Jan. 14, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Dedrick Scharnhorst
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Keokuck Co. Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming, for self
15. Industry or Business grains

MOTHER OF CHILD

16. FULL MAIDEN NAME Wilhelmina Oldag
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Clayton Co. Iowa (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 81 years of age, that I have known this person for 49 years, and that Dr. Ehlen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Dedrick Scharnhorst Signature

Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of May, 1942.

(SEAL) O. L. Ehlen Notary Public, residing at Genesee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 16 1942 by Mary Ehlen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-212-229-433

344948

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No. 1st + WASHINGTON
(d) Name of Hospital or Maternity Home: RESIDENCE HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No. 1st + WASHINGTON
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) MOSCOW, IDAHO

4. FULL NAME OF CHILD ERMEL ELIZABETH BARKWILL

5. Date of Birth of Child (Month, day, year) 3/12/93

6. Sex FEMALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME Oakom Prescott Barkwill
11. Color or Race WHITE **12.** Age at time of THIS birth 45 yrs.
13. Birthplace SPRINGFIELD (City or town) ILLINOIS (State or foreign country)
14. Exact Occupation CABINET MAKER
15. Industry or Business CABINET MAKER'S SHOP

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie McConnell
17. Color or Race WHITE **18.** Age at time of THIS birth 35 yrs.
19. Birthplace XENIA (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature (DEAD) DR. MATHEWS M.D. Midwife Address Date

State of ~~IDAHO~~ Calif. }
County of ~~LATAH~~ San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 49 years, and that DR. MATHEWS (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Prescott Barkwill Signature
3742 Strandway Mission Beach Address
Calif.

Subscribed and sworn to before me this 14 day of May, 1942

(SEAL) Ruth VanDeusen Paynter Notary Public, residing at San Diego

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-19-036 MAY 21 1942 279

345022 345022

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345022
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Riverdale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Riverdale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Riverdale, Ida

4. FULL NAME OF CHILD John Glen Nelson

5. Date of Birth of Child (Month, day, year) 9/19/1893

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Williamson Roland Nelson
11. Color or Race white **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Sheep
15. Industry or Business sheep

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Belle Spidell
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for years, and that John Doctor Swan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie B Nelson DeWitt Signature

P. O. Address

Subscribed and sworn to before me this 18 day of May, 19 42

(SEAL) [illegible] Notary Public, residing at Rupert, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-12-0 09-849

345997

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sand Point
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sand Point
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Sand Point, Idaho.

4. FULL NAME OF CHILD LeRoy Douglas Beckwith

5. Date of Birth of Child (Month, day, year) May 21, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Fredric Beckwith

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Grand Falls (City or town) NewBrunswick, (State or foreign country) Canada.

14. Exact Occupation Teamster

15. Industry or Business Logging Industry

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Hurd

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Wisconsin (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana } ss.
County of Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Guardian (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 48 years, and that The Persons (First name) (Last name), who attended this birth are unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George H Beckwith Signature

St. Ignatius, Montana P. O. Address

NOTARY PUBLIC for the State of Montana
Residing at St. Ignatius, Montana
My Commission Expires June 6, 1943

Subscribed and sworn to before me this 15 day of May, 19 42

(SEAL) [illegible] Notary Public, residing at St. Ignatius, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-122007-389

346055

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346055
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Lago
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home days. IN THIS county 13 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lago
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 42 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) Lava Hot Spring Idaho

4. FULL NAME OF CHILD LeRoy C. Harris
5. Date of Birth (Month, day year) May 22, 1893
6. Sex male
7. Twin or Triplet x
If so—born 1st, 2nd, 3rd x
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Casper Whittle Harris
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Richmond Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martina Christensen
17. Color or Race white
18. Age at time of THIS birth 22 yrs
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6 (c) Born alive and now dead x (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAY 19 1942 (Date received) (b) Mary H. Nielsen (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Casper Whittle Harris — LeRoy C. Harris (Name of person on certificate above), being first duly sworn, say that I am related (Related to (or) acquainted with) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bennett (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Casper Whittle Harris Signature

Lava Hot Springs, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of May, 19 42

(SEAL) W. Rae Ba. Notary Public, residing at Lava Hot Springs, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

793-114-005-264

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346104
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City Des Met
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City Des Met
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Des Met, Ida.

4. **FULL NAME OF CHILD** Bert Sylvester Picard

5. Date of Birth of Child (Month, day, year) Feb. 19, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lewis Picard
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace St Paul (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Bourgeau
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Oakland (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Grant }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 49 years, and that Mary Ann Bourgeau (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Her Mark--- X Signature

Nespelem, Washington. P. O. Address

Subscribed and sworn to before me this 16th day of May, 19 42.

(SEAL) ____ Notary Public, residing at Grand Coulee, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-104-02-619

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346184
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Utah (b) County Kane
(c) City Kanab
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Kanab, Utah

4. FULL NAME OF CHILD Mark Farnsworth Mariger

5. Date of Birth of Child (Month, day, year) June 4 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lawrence Christain Mariger
11. Color or Race White **12.** Age at time of THIS birth 45 yrs.
13. Birthplace Venneborg, Hjorring Co. Denmark (City or town) (State or foreign country)
14. Exact Occupation Cattle man
15. Industry or Business Mercantile and Cattle Raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Melinda Farnsworth
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Salt Lake City Utah, (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Half Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 48 years, and that anyone (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vera M. Palmer Signature
300 W. Spruce St. Inglewood California P.O. Address

Subscribed and sworn to before me this 14th day of May, 19 42

(SEAL) Glenn E. Olsen Notary Public residing at Los Angeles
My Commission Expires February 7, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by Mabel H. Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 7 1959

MAY 25 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

162-12-0018-145

346334

MAY 26 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346334
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Fred Joshua Post

5. Date of Birth of Child (Month, day, year) March 24, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Post
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florilla Elvira Adee
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Rock County, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 49 years, and that Mrs. Laura E. Lighness (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florilla Elvira Adee Post Signature

..... P. O. Address

Subscribed and sworn to before me this 25th day of May, 1942

(SEAL) W. A. Doebler Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by Mabel E. Elder, Registrar.

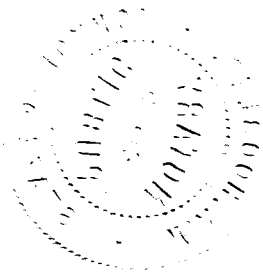
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



843-126-D MAY 26 1942 -415

346354

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346354
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 9th & Washington
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 9th & Washington
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Orville Elmore Hull

5. Date of Birth of Child (Month, day, year) December 26, '93

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Manlove Craner Hull
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lois Eleanor Daniels
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 48 years, and that George Collister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Helen Rogers / Signature
421 South Tenth St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of May, 1942

(SEAL) Mary E. Emmons Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by Mary F. Felton, Registrar.

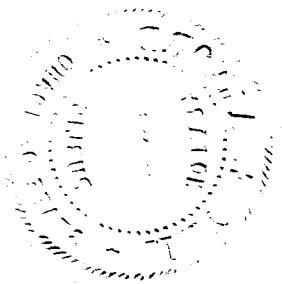
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 [redacted]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



652-128-029-713

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346596
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Garfield Wash.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Edward Fiessenden

5. Date of Birth of Child (Month, day, year) Dec 28 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Julius Herman Fiessenden
11. Color or Race white **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Brown Point Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Louisa Gates
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Bangor (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 48 years, and that Ella R. Strasselt (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Rosetta Strasselt Signature

R3 Garfield, Wash. P. O. Address

Subscribed and sworn to before me this 14 day of May, 1942.

(SEAL) Notary Public, residing at Potlatch, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) NOTARY PUBLIC residing at Potlatch, Idaho My commission expires December 10, 1943.

Received for filing on MAY 19 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

85-20 B-004-415

346631

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City 18 Mi. N.E. Idaho Falls, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At. Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City 18Miles N.E. Idaho Falls, Ida.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Melba A. Heath

5. Date of Birth of Child (Month, day, year) April 8, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Adolph Heath
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Morgan, Davis Co. Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Ann Davies
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Nephi, Juab Co. Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 49 years, and that Mrs. (First name) Lee (Last name), who attended this birth cannot locate (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jannie Hallowell Signature
7885 S.E. 9th St. P. O. Address

Subscribed and sworn to before me this 18th day of May, 1942.

(SEAL) Dorothy Regan Notary Public, residing at Portland, Oreg.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) MY COMMISSION EXPIRES MARCH 30, 19

Received for filing on MAY 25 1942 by, Registrar.

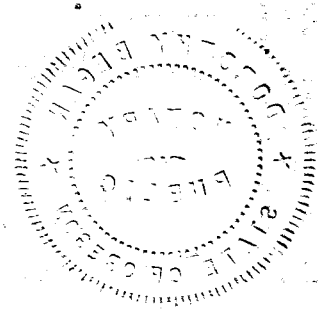
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an additional payment of fifty cents, money order or coin.

MAY 27 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



313-217-006-893

346670

346670

United States Department of Commerce
Bureau of the Census

MAY 28 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346670
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Inkom
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Inkom, Idaho

4. FULL NAME OF CHILD Marguerite Callahan

5. Date of Birth of Child (Month, day, year) August 17, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Dennis Callahan
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace County Waterford (City or town) Ireland (State or foreign country)
14. Exact Occupation Foreman
15. Industry or Business O S L R R Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Johanna Hickey
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace County Tipperary (City or town) Ireland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Montana } ss.
County of Beaverhead }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am ~~the~~ acquainted with ~~her~~ the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 48 years, and that Dr Rooker (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Katie Lowney Boyles Signature

..... P. O. Address

Subscribed and sworn to before me this 25 day of May, 1942

(SEAL) ..... Notary Public, residing at .....

Notary Public for the State of Montana
Residing at Dillon, Montana
My Commission Expires Jan. 20, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by Mary F Elder, Registrar.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

157-104-213-313

346796

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CAMAS (b) City HAILEY
(c) Street Address or R.F.D. No. HOME
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CAMAS
(c) City HAILEY.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD Winfield Morse Angel

5. Date of Birth of Child (Month, day, year) Nov. 4th 1893

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Clinton Irving Angel

11. Color or Race WHITE

12. Age at time of THIS birth 24 yrs.

13. Birthplace LACROSSE (City or town) MICHIGAN (State or foreign country)

14. Exact Occupation MINER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lulu Maud Tatro

17. Color or Race WHITE

18. Age at time of THIS birth 17 yrs.

19. Birthplace BOISE (City or town) IDAHO (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 48 years, and that the lady (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Co. Swan Signature

Langley Wash. Rt 1 Box 172 P. O. Address

Subscribed and sworn to before me this 19th day of May, 1942

(SEAL) Notary Public, residing at Langley, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by Registrar.

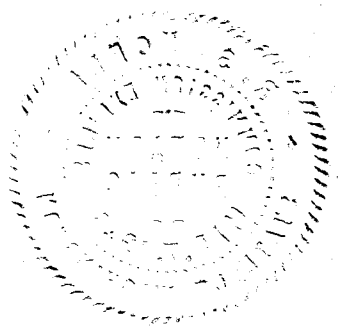
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



469-103-040-899

346824

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. Main
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: At home
IN THIS county 2 yrs. months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. Main
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Wardner Idaho

4. FULL NAME OF CHILD Paul Eugene Morphey

5. Date of Birth of Child (Month, day, year) August 3 1893

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd First

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Walford N. Morphy

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace Penn. (City or town) York State (State or foreign country) U.S.A.

14. Exact Occupation Attorney

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Hirlinger

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Colorado (City or town) Colorado (State or foreign country)

20. Exact Occupation None

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for since birth years, and that Dr. (First name) Machette (Last name), who attended this birth declared (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Morphey Signature

701-E-1891 ½ Bon Cingalee P. O. Address

Subscribed and sworn to before me this 18th day of May, 1942

(SEAL) My Commission Expires Oct. 2, 1942 Mary Gaynes Notary Public, residing at 933 So. Broadway Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by M. J. McLeod, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has~~ not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither ~~father or mother of the child is living or accessible,~~ of the nearest of kin or guardian, or some person having direct knowledge in the premises.



796 - 109 1086 - 866

34685F

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346854

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Oneida (b) City Weston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Weston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Weston, Idaho

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Arthur Homer Gifford

5. Date of Birth (Month, day year) 12-9-1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Homer Gifford
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Weston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Sophia Hoopes
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Weston (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Gifford (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 2 1942 (Date received) (b) Mabel H Eddy (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Sarah Gifford, being first duly sworn, say that I am related to (Related to (or) acquainted with) Arther Homer Gifford (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Beulah Jensen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Sarah Gifford Signature

1220 Boise, Boise Idaho P. O. Address

Subscribed and sworn to before me on this 1st day of June 1942

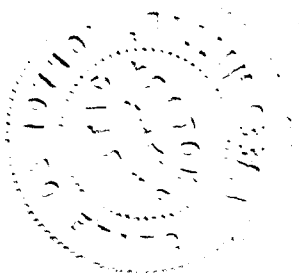
(SEAL) E. Reed Miller Notary Public, residing at Boise Idaho

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



214-206-025-258

346855

346855

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346855
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Birth at Home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Angel Samuels

5. Date of Birth of Child (Month, day, year) Nov. 6 1893

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo. **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Floyd Samuels
11. Color or Race Wht. **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Washington (City or town) County Mississippi (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Snyder
17. Color or Race Wht. **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Hanover Co. (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Benner }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for Birth years, and that Dr Bibb (First name) (Last name), who attended this birth now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Floyd Samuels Signature
Samuels Idaho P. O. Address

Subscribed and sworn to before me this 14 day of May, 1942.

(SEAL) Fred D. Miles Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR THE STATE OF IDAHO
COMMISSION EXPIRES JUNE 30, 1944

Received for filing on MAY 18 1942 by Mabel F. Elder Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-227-JUN 2 614-666 341852

United States Department of Commerce Bureau of the Census (Be sure the information is as of date of birth of THIS child) 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346856
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No. Country
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No. Country
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett Ida

4. **FULL NAME OF CHILD** Frankie Edna Perkins

5. Date of Birth of Child (Month, day, year) Jan 27 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Asberry Perkins
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Sacramento (City or town) California (State or foreign country)
14. Exact Occupation Common Laber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elnyd Jane Woods
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Little Rock (City or town) Ark. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 A M. on the date and at the place stated above, and that personal particulars were furnished by Thomas Asberry Perkins (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~45~~ 50 years of age, that I have known this person for 46 years, and that Dr Evans (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Asberry Perkins Signature
1305 West Jefferson Boise Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of June, 1942

(SEAL) Charlotte Murdock Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

144-116-001-165

346877

346877

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346877
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. Warm Springs Ave.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 10 months 16 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. Warm Springs Ave
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** George Luman Judd

5. Date of Birth of Child (Month, day, year) 7-16-1893

6. Sex Male

7. Twin or Triplet Single — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Stoddard Judd
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Fox Lake (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ann Jones
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Wales (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 48 years, and that Dr. Bowers (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel S Judd — Signature

P.O.Box 34, Lewiston, Idaho — P. O. Address

Subscribed and sworn to before me this 1st day of June, 19 42

(SEAL) T. M. Libby — Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 7-1942 by Mabel F Feder, Registrar.

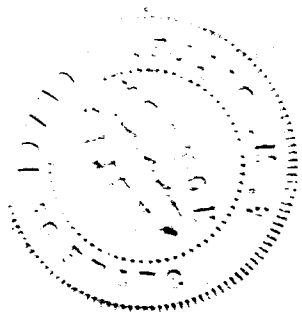
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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318-125-001-381

347419

347419

United States Department of Commerce
Bureau of the Census

JUN 8 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347419
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 73 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Gilbert Lee Cahalan

5. Date of Birth of Child (Month, day, year) Sept. 25, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Emmett Lee Cahalan
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Edina (City or town) Missouri (State or foreign country)
14. Exact Occupation Agriculturist
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Maria Chamberlain
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Idaho City, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 49 years, and that Dr (First name) LC Bowers (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ella M Cahalan Signature
1712 No 23rd, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of June, 1942

(SEAL) A. E. Bl[illegible] Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by Mabel Hilden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 8 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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75-221-001-243

347456

347456

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City City
(c) Street Address or R.F.D. No. 1501 9th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1501 9th St.
(e) How long has MOTHER lived in Idaho? 49 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho.

4. FULL NAME OF CHILD Sophia Ellen Scaley

5. Date of Birth of Child (Month, day, year) Aug 21, 1893

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Edwin Henry Scaley

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Boise (City or town) Idaho. (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Henrietta Catherine Butler

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Silver Creek (City or town) Ida (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1st. (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 54 years of age, that I have known this person for 48 years, and that Dr. E.L. Lerwick (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E F Scaley Signature

Bot 1166, Boise, Ida. P. O. Address

Subscribed and sworn to before me this 9th day of June, 1942

(SEAL) Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Mabel Fiedler, Registrar.

JUN 1 1945

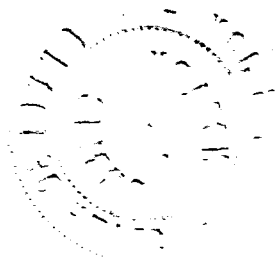
JUN 10 1942

APR 1 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

959-217-032-753

347516

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Near Bliss
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Near Bliss (b) County Lincoln
(c) City Bliss
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Myrtle Arvilla Ivie

5. Date of Birth of Child (Month, day, year) Oct 17th 1893

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Anderson Ivie
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer + Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Jane Peck
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Near Provo Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont Know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 49 years, and that Margaret (First name) Peck (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary E Dudley Signature

Shelley Idaho P. O. Address

Subscribed and sworn to before me this 26th day of May, 1942.

(SEAL) A.V. Iverson Notary Public, residing at Shelley Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 5 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-115-028-299

347555

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootnia (b) City Springston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootnia
(c) City Springston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Springston, I.

4. FULL NAME OF CHILD Ervin Ward Savitz

5. Date of Birth of Child (Month, day, year) 10/15/93

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Savitz
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Nazareth, (City or town) Penn. (State or foreign country)
14. Exact Occupation Section Foreman
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Estelle Birdsell
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Ossian, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 48 years, and that Mrs. William Murray (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Savitz Signature

8415 S. E. 9th Ave., Portland, Ore. P.O. Address

Subscribed and sworn to before me this 3 day of June, 1942

(SEAL) Helen Frenzel Notary Public, residing at Portland Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES 10-19-43

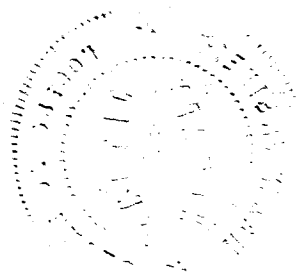
Received for filing on JUN 6 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



692-220-204-846

347802

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county 4 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier Idaho

4. FULL NAME OF CHILD Marian Evelyn Fisher

5. Date of Birth of Child (Month, day, year) Aug 20 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Fisher
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Vienna Austria (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Ball Hupp
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Marshalltown Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Union }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 49 years, and that Mrs Bridges Midwife (First name) (Last name) who attended this birth [redacted] or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth B Fisher Signature

P. O. Address

Subscribed and sworn to before me this 9th day of June, 1942

(SEAL)

B. A. Benham Notary Public, residing at La Grande Oreg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 10 1942 by M. L. Weston, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-11-8029-698

347805

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 126 W. 1st
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 10 years 8 month 19 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 126 W. 1st
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Moscow, Ida.

3. RESIDENCE of FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD Benjamin Henry Stewart

5. Date of Birth (Month, day year) April 18, 1893

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George H. Stewart

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Rockford, Illinois (City or town) (State or foreign country)

14. Exact Occupation Liveryman

15. Industry or Business Livery Barn

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Elizabeth Fry

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Logansport, Illinois (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 9 1942 (Date rec'd) (b) M. L. Stewart (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Elmina E. Rees M.D. (D.O., Midwife, etc.)
and address Aunt Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Elmina E. Rees, being first duly sworn, say that I am related to (Related to (or) acquainted with) Benjamin Henry Stewart (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. E. Worthington (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elmina E. Rees Signature
Portland, Oregon P. O. Address

Subscribed and sworn to before me on this 14 day of February 1942

(SEAL)

J. M. O'Donnell Notary Public, residing at Moscow, Ida.

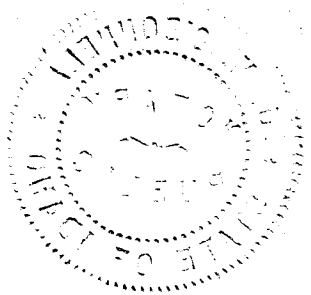
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, ~~1911~~ Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



386-208-029-266

347989

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years 10 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 Mo. 8 days

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho.

4. FULL NAME OF CHILD Chalice Lurena Thomas

5. Date of Birth of Child (Month, day, year) June 8, 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benjamin Franklin Thomas

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Freeport (City or town) Illinois (State or foreign country)

14. Exact Occupation brick layer and farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lanie Isabelle Bowser

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Blanchardville (City or town) Wisconsin (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7:00 P.M. on the date and at the place stated above and that personal particulars were furnished by Lanie (First name) Bowser (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above that I am now 77 years of age, that I have known this person for 49 years, and that Mrs. Sherlock (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

* Lanie I. Thomson Signature
Princeton Ida. P. O. Address

Subscribed and sworn to before me this 29 day of May, 1942

(SEAL) Notary Public, residing at Potlatch, Idaho

NOTARY PUBLIC for the State of Idaho
Residing at Potlatch, Idaho
My Commission Expires Dec. 3, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-918 Idaho Code Annotated.)

Received for filing on JUN 12 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-221-209-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348000
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Laclede
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay BEFORE delivery: IN THIS county 9 years 3 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Laclede
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9½ yrs. yrs.

3. **RESIDENCE OF FATHER** (city, state) Laclede, Bonner County, Idaho

4. **FULL NAME OF CHILD** Mina Catherine Campbell

5. Date of Birth of Child (Month, day, year) Jan. 21, 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Sherman Campbell
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Oshkosh, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Diversified farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Estelle Markham
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Albany, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 49 years, and that Elmina Thomas Markham (First name) (Last name), who attended this birth as midwife (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my kn[illegible], and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Grace C Markham Signature
1805 E. Springfield P. O. Address

Subscribed and sworn to before this 6th day of June 19 42
(SEAL) [signature] Notary Public, residing at Spokane.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

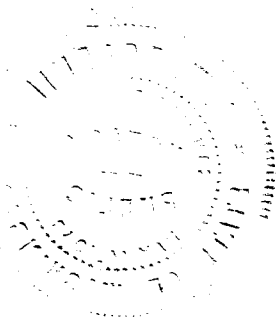
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JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



789 116 016-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348025
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion.
(c) Street Address or R.F.D. No. 3 mi. S. Albion.
(d) Name of Hospital or Maternity Home: At residence 3 mi. South, of Albion.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City 3 mi. South, Albion, Idaho.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Albion, Ida.

4. FULL NAME OF CHILD Melvin Earl Phippen,

5. Date of Birth of Child (Month, day, year) Apr. 16, 1893.

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wilford Freeman Phippen
11. Color or Race white **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Cedar Fork, (City or town) Utah. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming.

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Louise Williams,
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Brigam City, (City or town) Utah. (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business Housewife,

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 49 years, and that Mrs. (First name) Howel (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Louise Phippen Signature

421 First St. Rupert, Idaho. P. O. Address

Subscribed and sworn to before me this 9 day of June, 1942.

(SEAL) Paul A. Freund Notary Public, residing at Rupert, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-911, Idaho Code Annotated)

Received for filing on JUN 11 1942 by ..... Registrar.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-203022 419

348288

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Lewisville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mabel Ella Taylor

5. Date of Birth of Child (Month, day, year) June 3, 1893

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Taylor
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Elizabeth Marler
17. Color or Race white **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Huntsville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 49 years, and that Grandma Fox (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Taylor Signature

112 E. Plymouth St. Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 12th day of June, 1942.

(SEAL) My Commission Expires June 10th, 1944 Notary Public, residing at Long Beach, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 8 1956

JUN 19 1942

JAN 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-12-6-047.731

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 348302

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Lagan County
City or Shoshone
No. Walnut St. St.
State of ~~Idaho~~ Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Norvin Jewell Keefer

3. Sex Male | If plural births: 4. Twin, triplet, or other —; 5. Number, in order of birth — | 6. Premature —; Full term yes | 7. Legitimate? yes | 8. Date of birth Saturday Aug 26, 1933 (Month, Day, Year)

FATHER

9. Full name Joseph Keefer
10. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday _____ (years)
13. Birthplace (city or place) Ranch - Norfolk (State or Country) Nebraska

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Dairy King and Sheep Raising
16. Date (month and year) last engaged in this work Nov, 1931
17. Total time (years) spent in this work About 22 yrs

MOTHER

18. Full maiden name Jennie Maude Gladden
19. Residence (usual place of abode) (If non-resident, give place and State)
20. Color or race White | 21. Age at last birthday 67 (years)
22. Birthplace (city or place) Ottowa, Kansas (State or Country) County on Farm

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work _____, 19__
26. Total time (years) spent in this work 50 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living One (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation _____ months or weeks | 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 5 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

(Signed) Jennie Maude Gladden Keefer Mother, M/D.
or _____, Midwife
Address 519 South King St., Centralia, Washington

Filed JUN 16 1942, 193__

Registrar. Registrar.

DELAYED

255-126047-731

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington }
County of Lewis } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Jennie Maude Gladden (Keefer) being first duly sworn says that she is the Mother (Relationship of child)* of Norvin Jewell Keefer

born August 26, 1893 (Date of birth) at Shoshone, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Norvin Jewell Keefer

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that W. H. Baugh, (deceased) M. D. was the Midwife medical attendant at the birth of said Norvin Jewell Keefer and that the said ~~medical~~ attendant is Deceased, Mrs. Perry, Midwife, also deceased
(Now deceased (or) cannot be located)

Name of Affiant Jennie Maude Gladden Keefer.

P. O. Address 919 South King Street, Centralia, Washington

Subscribed and sworn to before me this 12th day of June, 1942

Ecth L Garner
Notary Public.

Residing at Centralia, Washington, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 16 1942

493-225014-612

348386

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida

4. FULL NAME OF CHILD Jane Miller

5. Date of Birth of Child (Month, day, year) Nov. 25" 1893

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Edward Miller
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Cabinet maker
15. Industry or Business Contractor

MOTHER OF CHILD

16. FULL MAIDEN NAME Delpha Jane Cakes
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Freeport Ills. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 49 years, and that Dr. W. C. Maxey (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora L. Cakes Signature
1305 Blaine St. Caldwell Ida P. O. Address

Subscribed and sworn to before me this 12 day of June, 1942

(SEAL) Miller Notary Public, residing at Caldwell Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 17 1942 by [illegible] Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348392
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Henry Antone Manderfeld

5. Date of Birth of Child (Month, day, year) Aug. 5, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hubert Manderfeld
11. Color or Race white **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Minnesota (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business for self

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Baumgartner
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Minnesota (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 48 years, and that Mrs. Jake Kambitsch (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matt Baumgartner Signature

Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of June, 1942

(SEAL) ..... Notary Public, residing at Genesee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

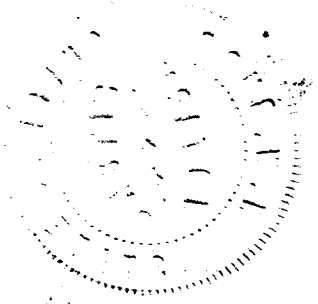
Received for filing on JUN 18 1942 by Mary Felder, Registrar.

JUN 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Passed 6/22/42 Z.J.

863 208025 395

348394

348394

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville

4. FULL NAME OF CHILD Mabel Esther Holbrook

5. Date of Birth of Child (Month, day, year) Jan. 8 1893

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd 1st **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Oscar Holbrook
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Rosberg (City or town) Oregon (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Crea
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Walla Walla (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 47 years, and that Dr. Bibbic (First name) (Last name), who attended this birth deseased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Holbrook Holmes Signature

Lewiston Idaho R.O. Address

Subscribed and sworn to before me this 16th day of June, 1942

(SEAL) R. L. Tuskins Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-22-1036-241

348427 348427

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Riverdale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Riverdale
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Avilda Smart Mecham

5. Date of Birth of Child (Month, day, year) Dec 21 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Leonidas Americus Mecham
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Smart
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Provo Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Family Record (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 49 years, and that Fannie Swan (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joanna M. Dorney Signature

Preston, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of June, 19 42

(SEAL) Ben R. Johnson Notary Public, residing at Preston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1942 by Mark Felt, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-223045-419

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348514
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) ~~Name of Hospital or Maternity~~ Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Neb.

4. **FULL NAME OF CHILD** Lillian May (Sims) Jones Ball

5. Date of Birth of Child (Month, day, year) May 23 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Chesley K. Sims
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Jefferson Co. Iowa (City or town) (State or foreign country)
14. Exact Occupation Stock Raiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lorinda Melvina Martin
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Webb Neb. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 49 years, and that Dr. (First name) Baugh (Last name), who attended this birth Do not Know (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chesley K. Sims Signature
524 E. Bernard - Spokane, Wn P. O. Address

Subscribed and sworn to before me this 16th day of June, 1942

(SEAL) Ralph Stibbs Notary Public, residing at Spokane, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by Mary E. Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1972

JUN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-115029-294

349620

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1889-1925 yrs.
(f) Mother's mailing address Troy, Idaho

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD William Eunice Halliday

5. Date of Birth (Month, day year) Dec 15 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles G. Halliday
11. Color or Race American
12. Age at time of THIS birth 24 yrs.
13. Birthplace Middlefork (City or town) Ind. (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy Alice Sims
17. Color or Race American
18. Age at time of THIS birth 20 yrs.
19. Birthplace Middlefork (City or town) Indiana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 22 1942 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho } ss.
County of Latah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Myrtle M. Chaney, being first duly sworn, say that I am related (Related to (or) acquainted with)
Wilbourn Eunice Halliday (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth C. Jones (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Myrtle M. Chaney Signature
Troy Idaho P. O. Address

Subscribed and sworn to before me on this 19 day of May 19 42
(SEAL) Martin L. Mueller Notary Public, residing at Troy Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

248-715 003 659 JUN 29 1942 349805 349805

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349805
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home no hospital
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD Bruce Gus Sahlberg.

5. Date of Birth of Child (Month, day, year) June 15th 1893

6. Sex Male **7. Twin or Triplet** **If so—born 1st, 2nd, 3rd** **8. No. months of Pregnacy** 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Gus Sahlberg.
11. Color or Race White **12. Age at time of THIS birth** 30 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Olin
17. Color or Race White **18. Age at time of THIS birth** 32 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 24 above, that I am now 83 years of age, that I have known this person for 49 years, and that Ida Parker (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Amanda Josephson Signature
354 S. Arthur Pocatello P. O. Address

Subscribed and sworn to before me this 26th day of June 1942
(SEAL) Paul M. Bryan Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mary H. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451-213 006955

349906

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Pocatello, Idaho
(c) Street Address or R.F.D. No. Center St.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 4 years # months # days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Pocatello
(d) Street Address or R.F.D. No. Center St.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idah

4. FULL NAME OF CHILD Lillian Marcella Meager

5. Date of Birth of Child (Month, day, year) June 13, 1893

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John H. Meager
11. Color or Race white **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Durtsmouth, England (City or town) (State or foreign country)
14. Exact Occupation Union Pacific Fireman
15. Industry or Business Fireman

MOTHER OF CHILD

16. FULL MAIDEN NAME Leona Leotta Reed
17. Color or Race white **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Centerburg, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife Address ..... Date .....

State of Ohio } ss.
County of Richland }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs John Riesman Signature
503 Howard St P. O. Address

Subscribed and sworn to before me this 22nd day of June, 1942.

(SEAL) Pearl M. DeCamp Notary Public, residing at Mansfield, Ohio

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Pearl M. DeCamp, Notary Public
My Commission Expires July 13 1943

Received for filing on JUN 25 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-125-035-599

349925

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County NEZ PERCE (b) City LELAND
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City LELAND
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD WALTER AUGUSTUS COOK

5. Date of Birth of Child (Month, day, year) Oct. 25 1893

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME THOMAS CLARENCE COOK
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace MIDDLEBURY (City or town) MO. (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME EMMA ERICKSON
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace SUNNE (City or town) SWEDEN (State or foreign country)
20. Exact Occupation housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO } ss.
County of LATAH }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for always years, and that Mrs. Dan Wilkes (First name) (Last name), who attended this birth dismissed (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma Cook Signature
LELAND, IDAHO P. O. Address

Subscribed and sworn to before me this 14th day of MAY, 19 42

(SEAL) Gwinn Kelley Notary Public, residing at KENDRICK

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-228 028-695

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349957
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Old Mission
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: ---
(e) Mother's stay BEFORE delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Old Mission
(d) Street Address or R.F.D. No. --
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Old Mission, Idaho

4. FULL NAME OF CHILD Catherine Margaret Wiemann

5. Date of Birth of Child (Month, day, year) March 28, 1893

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ignatius Wiemann
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Neaustadt (City or town) Germany (State or foreign country)
14. Exact Occupation Stone Mason
15. Industry or Business --

MOTHER OF CHILD

16. FULL MAIDEN NAME Regina Freundlieb
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Utsenbach (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum No medicine used

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California } ss.
County of Sacramento }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 49 years, and that Catherine Dwyer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Wiemann Weitenheimer Signature
P.O.Box 525, Folsom, California P. O. Address

Subscribed and sworn to before me this 27th day of May, 1942

(SEAL) ____ Notary Public, residing at Folsom, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public in and for the County of Sacramento, State of California.
My Commission expires July 3, 1942

Received for filing on JUN 24 1942 by ____, Registrar.

APR 30 1956

APR 27 1956

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-228003-753 JUN 30 1942 350087 350087

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350087
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD Elna Margaret Jacobsen

5. Date of Birth of Child (Month, day, year) July 28, 1893

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Anders Christan Jacobsen
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Villestofte (City or town) Denmark (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Petersen
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Odense (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 49 years, and that Dr. (First name) Rooker (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Jacobsen Signature
Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of June, 1942.
(SEAL) Roscoe R. Burdeau Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1942 by Mary E. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1942

AUG 16 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813 222016 1942 JUL 1 350115

United States Department of Commerce Bureau of the Census

(Figure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350115
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Hale, Mary Alice

5. Date of Birth of Child (Month, day, year) 12-22-1893

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hale, OSCAR Rollin
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace New York State (City or town) (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Arthur, Anna Jane
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Council Bluff Iowa (City or town) (State or foreign country)
20. Exact Occupation School teacher
21. Industry or Business Teaching

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by: (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 49 years, and that Mr. R. T. Story (First name) (Last name), who attended this birth (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna A. Hale Signature
at Melvedgate Apts Boise Ada Co. Ida P. O. Address

Subscribed and sworn to before me this 1st day of July, 1942
(SEAL) W. B. Story Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1942

MAY 19 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

963-227028-859

350145

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City (farm)
   (c) Street Address or R.F.D. No. Coeur d'Alene
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) Rockland, Idah

4. **FULL NAME OF CHILD** Anna Marie Roloff

5. Date of Birth of Child (Month, day, year) 2-27-1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** August Roloff
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Tietz (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Herres
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Dueseldorf (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was [redacted] (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 91 years of age, that I have known this person for 49 years, and that (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

August Roloff Signature

Rockland Idaho P. O. Address

Subscribed and sworn to before me this 16th day of June, 1942.

(SEAL) Notary Public, residing at Mar 30, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

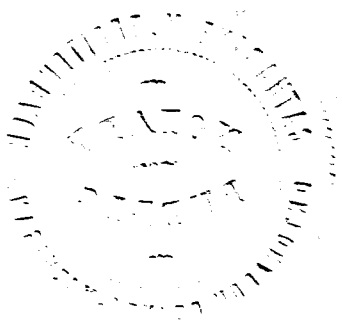
Received for filing on JUN 26 1942 by [signature] Registrar.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



819 219 029-413

350187

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Hangman
(c) Street Address or R.F.D. No. Hangman creek
(d) Name of Hospital or Maternity Home: My own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ... years ... months ... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Hangmans creek Rural
(d) Street Address or R.F.D. No. X
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD Lolla Minnie Hart

5. Date of Birth of Child (Month, day, year) April 19-1893

6. Sex female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Emsworth Hart
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Battle Creek Mich. (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lovinia Mathis (Hart) mathis
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace White Bluff Ark. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... at ... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name), who is related to this child as ... (Mother, etc.)

25. Attendant's **OWN** signature ... M.D. Midwife Address ... Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 49 years, and that Lola Padgett (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lovinia Mathis Hart Signature

319 East D Moscow Idaho P. O. Address

Subscribed and sworn to before me this 25 day of June, 1942

(SEAL) ... Notary Public, residing at Moscow

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by ... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-119028-391

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350323
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City HARRISON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County KOOTENAI
   (c) City HARRISON
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) HARRISON, Idaho

4. **FULL NAME OF CHILD** David Earl Wark

5. Date of Birth of Child (Month, day, year) MAY 19, 1893

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy NORMAL

9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** Robert McGregerory Wark
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Portland (City or town) Oregon (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business SAME

MOTHER OF CHILD

16. **FULL MAIDEN NAME** HELEN CRANE
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Roseburg (City or town) OREGON (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Yakima }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SECOND COUSIN (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 49 years, and that DR. (First name) Schmalhausen (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Mary L. Ely Signature

609 E Walnut, YAKIMA, Wash. P. O. Address

Subscribed and sworn to before me this 13 day of May, 1942

(SEAL) Eugene [illegible] Notary Public, residing at Yakima Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mabel Hedlund, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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350642

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston, Idaho

4. **FULL NAME OF CHILD** Kenneth Gilbert Smith

5. Date of Birth of Child (Month, day, year) Sept 12, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James George Smith
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business general merchandise

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Louise Gilbert Smith
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Brigham city, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 48 years, and that Wm Edwin Swan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs O B Evans Signature
Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this Third day of July, 19 42

(SEAL) Jess W. Belknap Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) (Commission Expires Dec. 30, 1942)

Received for filing on JUL 6 1942 by Mabel H Eller, Registrar.

JUL 6

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

452-109 028 267

350670

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Bonners Ferry
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county 1 years 11 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? c.2 yrs.

3. RESIDENCE OF FATHER (city, state) Bonners Ferry, Ida

4. FULL NAME OF CHILD Patrick Henry Desmond

5. Date of Birth of Child (Month, day, year) May 9, [illegible] 1893

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas M. Desmond
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Barnaby River, N.B., Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Bogle
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Barnaby River, N.B., Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of Oregon } ss.
County of Clackamas }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the oldest sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 49 years, and that Mary (First name) Dobson (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Judith Desmond Signature

Marylhurst College, Marylhurst, Oregon P. O. Address

Subscribed and sworn to before me this 22 day of June, 19 42

(SEAL) M. E. Brownell Notary Public, residing at Marylhurst, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES JANUARY 7, 1944

Received for filing on JUN 25 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

664-210-017-355

350948

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clark (b) City Du Bois
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: IN THIS county 3 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Du Bois
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD NONA MYRTLE FOUST

5. Date of Birth of Child (Month, day, year) Dec. 10, 1893

6. Sex female **7.** Twin or Triplet --- If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William H.H. Foust
11. Color or Race white **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Railroad man
15. Industry or Business Oregon Short Line R.R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Iona Lee
17. Color or Race white **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12 M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Deceased Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for since birth years, and that Mrs. Cummings (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Iona Foust Signature
6425 So. Van Ness, Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 8th day of July, 1942

(SEAL) Bernice E. Caughey Notary Public, residing at 8629 S. Vermont Ave. Los Angeles, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope requiring FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967-117-45-133

350979

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Alturas (b) City Bellevue
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 7 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Bellevue
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue, Ida.

4. FULL NAME OF CHILD Jasper Franklin Rogers

5. Date of Birth of Child (Month, day, year) March 17 1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Madison Rogers
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Montauk, Missouri (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Bird Allen
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Whitesville, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 49 years, and that Mrs Lonie, Mrs Dayton (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Minnie Bird Rogers : Signature

Buhl, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of July, 19 42

(SEAL) E. V. Lynch Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mark Hedden, Registrar.

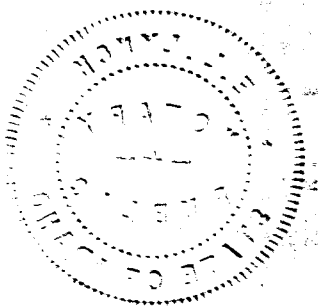
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-219.210-555

350986

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) ~~Street Address~~ or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 2 1890 fo1893
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Same.

4. FULL NAME OF CHILD Ada Fern Smith

5. Date of Birth of Child (Month, day, year) Nov. 19, 1895

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Adam Smith
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Riverdale, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same.

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Jane Everett
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Hooper Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 48 years, and that Mrs Rufus Beach (First name) (Last name), who attended this birth, (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, ~~and that I~~ desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Frew Signature
Idaho Falls, Ida P. O. Address

Subscribed and sworn to before me this 9th day of July, 1942.

(SEAL) Albert Alphaus Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires 7/1/45

Received for filing on JUL 10 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-107-037-295

351118

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Owyhee (b) City
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Three Creek
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Three Creek Ida.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Byron T. Duncan

5. Date of Birth (Month, day year) Feb. 7, 1893

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Taplin Duncan
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace San Saba (City or town) Texas (State or foreign country)
14. Exact Occupation Cattleman
15. Industry or Business Cattle Raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olga Ann Binion
17. Color or Race White
18. Age at time of THIS birth 25 yrs
19. Birthplace San Saba (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother) (Father).

26. (a) JUL 14 1942 (Date received) (b) Mabel T. Nolen (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Arizona
County of Mohave } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Allie Duncan being first duly sworn, say that I am related to (Related to (or) acquainted with) Byron T. Duncan (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Davis (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Allie Duncan Signature

Kingman, Arizona P. O. Address

Subscribed and sworn to before me on this 10 day of July, 1942

My Commission Expires Nov. 20, 1943

Mary Lee Carrow Notary Public, residing at Kingman, Ariz

JUL 16 1942

APR 15 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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251-22-029-962

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351164
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Neva Marquita Seals

5. Date of Birth of Child (Month, day, year) Nov. 21, 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Newton Seals
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Loraine, (City or town) Illinois (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Rosenberger
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Hatfield, (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 a. M. on the date and at the place stated above, and that personal particulars were furnished by Charles N. Seals (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 48 years, and that the physician (unknown) (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Newton Seals Signature
811 So. Grevillea Inglewood, Calif. P.O. Address

Subscribed and sworn to before me this 11th day of July, 1942.
(SEAL) Kathryn N. Breese Notary Public, residing at Inglewood, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Com. Exp. 4-12-1944

Received for filing on JUL 15 1942 by Mabel Peters, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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858 109 001 281

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352305
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1140 Idaho St
(d) Name of Hospital or Maternity Home: in the home
(e) Mother's stay BEFORE delivery: IN THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1140 Idaho St
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD HAROLD HEYMANSON

5. Date of Birth of Child (Month, day, year) FEB. 9th 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benjamin Heymanson

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace London (City or town) England (State or foreign country)

14. Exact Occupation Storekeeper

15. Industry or Business Chinaware & Notions

MOTHER OF CHILD

16. FULL MAIDEN NAME Addie Shawl

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Placerville (City or town) Calif. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address SALT LAKE City Date

State of Utah
County of Salt Lake

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 48 years, and that Dr. Haley (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Virgil Heymanson Signature
350 South State St Salt Lake City Utah P. O. Address

Subscribed and sworn to before me this 15 day of June, 1942

(SEAL) Lorraine M. Curtis Notary Public, residing at Salt Lake City Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Mary H. Hilton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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155 728028-593

352314

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352314
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Medimont
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None (Born at Home)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Medimont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) as above

4. FULL NAME OF CHILD Roy Wendell Anno

5. Date of Birth of Child (Month, day, year) Aug 28, 1893

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Turpin Daughters Anno
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Laurel (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Corina Nicholson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Winston-Salem, North Car. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address (Both doctor and midwife are either dead or cant be located) Date

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 49 years, and that (Not known) (First name) Price (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary L. Anno Signature

Box 387, Wallace, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of July, 1942.

(SEAL) Wenschel L. Kiehnert Notary Public, residing at Wallace, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 17 1942 by Mary E. Galen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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298-122001-763

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352336
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 11th and Eastman
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: home
IN THIS county 32 years 11 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No 11th. and East-man
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Harry Bryan

5. Date of Birth of Child (Month, day, year) Feb. 22, 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harrison Bryan
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Jacksonville (City or town) Illinois (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Almira Potter
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Whitehall (City or town) Illinois (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by Susie (First name) Keister (Last name), who is related to this child as sister (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 49 years, and that Dr. George (First name) Collister (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susie Keister Signature
1044-W. 108 St. Los Angeles Calif. P.O. Address

Subscribed and sworn to before me this 13 day of July, 1942.
(SEAL) My Commission Expires Nov. 14, 1945 Selma Price Notary Public, residing at Compton, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Mabel Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

317703006-413

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352624
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home. Farm.
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 6 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No. On Farm.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Robert Oscar Capps

5. Date of Birth of Child (Month, day, year) Sept. 3rd. 1942

6. Sex Son. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy Nine 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Luther Martin Capps.
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Attalla, Alabama (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth L. Mackie
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Minnesota Blue Earth City (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Blackfoot Date Sept 3

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bingham }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 48 years, and that William H. Behle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth L. Capps Signature
116 East Idaho St. Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of July, 19 42.

(SEAL) John D. Jones Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 26 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 24 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 322
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Meadows.
(c) Street Address or R.F.D. No. O
(d) Name of Hospital or Maternity Home: O
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years O months O days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Meadows, Ida.
(d) Street Address or R.F.D. No. O
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Anna Kathryn Campbell

5. Date of Birth of Child (Month, day, year) Jan. 19, 1893

6. Sex F. **7.** Twin or Triplet O If so—born 1st, 2nd, 3rd O **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Albert Campbell
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Pawnee, Illinois (City or town) (State or foreign country)
14. Exact Occupation Stock-grower
15. Industry or Business Ranch

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Franklin Osborn
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Warren, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid solution.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Caroline Campbell (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 49 years, and that Mrs. Thomas Clay (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline F. Campbell Signature
Cambridge, Idaho. P. O. Address

Subscribed and sworn to before me this 1 day of July, 1942.
(SEAL) Margaret Vogel Notary Public, residing at Cambridge, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by Mabel Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352671
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Linden (P.O.)
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County LATAH
   (c) City LINDEN
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** CLARENCE R. FREDRICKSON

5. Date of Birth of Child (Month, day, year) DEC. 20, 1893

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** FRED FREDRICKSON
11. Color or Race WHITE
12. Age at time of THIS birth yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer & Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA THOMPSON
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Personal Acquaintance (Mother, etc.) the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 48+ years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nels L. Fenning Signature

1713 Boylston Ave., Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 30th day of May, 1942

(SEAL) Naomi E. Hedal Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 ? 1942

JUL 3 0 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352704
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LEMHI (b) City SALMON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: BORN IN THE HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 11 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City SALMON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) SALMON, IDAHO

4. FULL NAME OF CHILD AUDREY BELLE CARR

5. Date of Birth of Child (Month, day, year) Sept. 18, 1893.

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN JAMES CARR
11. Color or Race WHITE **12.** Age at time of THIS birth 31 yrs.
13. Birthplace NEW HAMPTON (City or town) NEW HAMPSHIRE (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business FARMER

MOTHER OF CHILD

16. FULL MAIDEN NAME CLARA BELLE REES
17. Color or Race WHITE **18.** Age at time of THIS birth 24 yrs.
19. Birthplace DU QUOIN (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business FARMER

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7 A.M. on the date SEPTEMBER 18, 1893.
and at the place stated above, and that personal particulars were furnished by Clara Belle Carr (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of WASHINGTON } ss.
County of KING }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 49 years, and that FRANK (First name) WRIGHT, M.D. (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Clara Belle Carr Signature
4340 W. Willow St, Seattle, Washington P. O. Address

Subscribed and sworn to before me this 30th day of June, 1942.
(SEAL) C. Charlotte Burke Notary Public, residing at Seattle, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

JUL 24 1942
Received for filing on by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

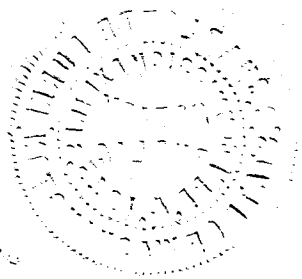
JUL 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws, has not been~~ recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 24 1952



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352730
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. -----
(d) Name of Hospital or Maternity Home: private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Wardner, Ida.

4. FULL NAME OF CHILD Violet Beatrice Ramey

5. Date of Birth of Child (Month, day, year) Sept. 14, 1893

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd --- **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Harvey Ramey
11. Color or Race white **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Wood, Virginia, U.S.A. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Matilda Lish
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace San Jose, Cal. U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum --------

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington, County of Okanogan } ss.

AFFIDAVIT to be completed ~~when the attendant does not sign~~ in Item 25.

X I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 49 years, and that Mrs. Woodworth (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Estella May Greer Signature
Chesaw, Washington P. O. Address

Subscribed and sworn to before me this 15th day of July, 19 42.

(SEAL) John Hancock Notary Public, residing at Oroville.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 29 1942 by Mary Feder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352732
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No. Gen Del
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Viola
(d) Street Address or R.F.D. No. Gen, Del
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Viola Idaho

4. FULL NAME OF CHILD Ernest Winfred Poe

5. Date of Birth of Child (Month, day, year) Nov 26 1893

6. Sex Male

7. Twin or Triplet ?

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Preston Ratchey Poe

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Bay St Joseph (City or town) Mississippi (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosebel Sophronia Childers

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Illinois (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Montana } ss.
County of Yellowstone }

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 48 years, and that Mrs Josephine Hill (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Orville Poe Signature
R#3, Billings Montana P. O. Address

Subscribed and sworn to before me this 15th day of July 1942

(SEAL)

NOTARY PUBLIC, for the State of Montana
Residing at Billings, Montana
My commission expires December 10, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1942 by Mary E Ledger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352919
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. XX
(d) Name of Hospital or Maternity Home: XX
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. XX
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Wardner, Ida.

4. FULL NAME OF CHILD John Henry Ostry

5. Date of Birth of Child (Month, day, year) Jan. 3, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Frank Ostry

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace (City or town) Austria (State or foreign country)

14. Exact Occupation Tailor

15. Industry or Business Tailor

MOTHER OF CHILD

16. FULL MAIDEN NAME Helena Gertrude Muller

17. Color or Race White

18. Age at time of THIS birth 39 yrs.

19. Birthplace (City or town) Germany (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 49 years, and that Dr. Frank Matchette (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Ostry Dralle Signature

West 3412 Cora Avenue, Spokane, Washington P. O. Address

Subscribed and sworn to before me this 23rd day of July, 19 42

(SEAL) Evelyn Ladd Notary Public, residing at Spokane, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by Mary F. Geden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

B 1917 007 619

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352929
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county 0 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8Mo. yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD Harry Albert Glasgow

5. Date of Birth of Child (Month, day, year) Oct 14, 1893

6. Sex Male **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry James Glasgow
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace (City or town) Scotland (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Merchantile

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma May Waite
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Austin (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Colorado } ss.
County of Larimer }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 49 years, and that Dr. Mon. Deceased (First name) (Last name), who attended this birth, Mon Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary E. Glasgow Signature
1960 - Sherman - St. P. O. Address

Subscribed and sworn to before me this 29th day of July, 1942

My commission expires Aug. 30, 1942 Edna L. Johnson Notary Public, residing at Loveland Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281 220-014 213

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352966

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Parma
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In mother's home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Parma
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Parma, Ida.

4. **FULL NAME OF CHILD** Margarete Catherine Shaw

5. Date of Birth of Child (Month, day, year) Sept 20, 1893

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ben Shaw
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Mongamin (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Rebecca Bacus
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Howland (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 49 years, and that Sarah Shaw (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of ~~my~~ knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Rebecka Austin Signature

P. O. Address

Subscribed and sworn to before me this 29th. day of July 19 42

(SEAL) C. E. Belvard Notary Public residing at Newport, Ore.

NOTARY PUBLIC FOR OREGON

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES FEB 26 1944

Received for filing on JUL 31 1942 by [illegible], Registrar.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-229 036 315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **353084**
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Onieda (b) City Preston
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN THIS county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Onieda
   (c) City Preston
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Grace Adeline Curtis

5. Date of Birth of Child (Month, day, year) Nov. 29, 1893

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? no

FATHER OF CHILD

10. **FULL NAME** William Rushman Curtis
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Talmadge (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella May Canfield
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by Ella M. Curtis (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 49 years, and that Mrs Swan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella M. Curtis Signature

1828 Pasadena Ave, Long Beach Calif. P. O. Address

Subscribed and sworn to before me this 1st day of August, 1942

(SEAL)

Robert P. Mohtracker Notary Public, residing at Long Beach Calif.

My Commission Expires Dec. 14, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 3 1942 by ..... Registrar.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-219-003515

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353116

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Stockton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none Parents's Home
   (e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Stockton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) StocktonIda.

4. **FULL NAME OF CHILD** Clara Pinney

5. Date of Birth of Child (Month, day, year) Dec. 19-1893

6. Sex Female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Mirch Pinney
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business no other

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jane Van Leuven
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Paradise, Utah (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business no other

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of ~~this mother: (a) At time of birth~~ and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Solano } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the ~~undersigned~~, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 49 years, and that Doctor Elby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Nettie Rate Signature

No. 118 Kentucky St. Vallejo, Calif. P. O. Address

Subscribed and sworn to before me this 22nd day of July, 1942

(SEAL) William J. Corbett Notary Public, residing at Vallejo, Calif.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1942 by , Registrar.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

353168

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 242-106 001-249 St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Kenneth William Bucknell

3. Sex: male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term yes

7. Legitimate? yes

8. Date of birth Sept 6, 1893 (Month, Day, Year)

FATHER

9. Full name Herbert William Bucknell

10. Residence (usual place of abode) (If non-resident, give place and State) Deceased

11. Color or race white 12. Age at last birthday _____ (years)

13. Birthplace (city or place) (State or Country) Boise Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bookkeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Nellie Bly Smith

19. Residence (usual place of abode) (If non-resident, give place and State) deceased

20. Color or race white 21. Age at last birthday _____ (years)

22. Birthplace (city or place) (State or Country) Salem Oregon

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) two

(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Emma L Mallett, ~~M.D.~~

or _____, ~~Midwife~~

Address 1025 S W 11th Ave. Portland Ore

Filed AUG 3 1942 193____ Mary M Lyden Registrar.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Anna L Mallett being first duly sworn says that she is the aunt (Relationship of child)* of Kenneth William Bushnell born September 6th 1893 (Date of birth) at Boise, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Kenneth William Bushnell hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ~~M. D., was~~ the Midwife medical attendant at the birth of said is unknown to affiant and that the said medical attendant is unknown (Now deceased (or) cannot be located)

Name of Affiant Anna L Mallett

P. O. Address 1025 SW 11th Ave Portland Oregon

Subscribed and sworn to before me this 28th day of July 1942 XXXX

G. A. W. Stander
NOTARY PUBLIC FOR [redacted] Notary Public.

My Commission Expires March 14, 1943, Residing at [redacted] Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

AUG 6 1942

SEP 25 1942

179-216 029 863

353393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. on farm
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. on farm
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD Elladice A. Agrell

5. Date of Birth of Child (Month, day, year) 4-16-1893

6. Sex female **7.** Twin or Triplet no **If so—born** 1st, 2nd, 3rd no **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nels L. Agrell
11. Color or Race white **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Tommarp (City or town) Sweden (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida J. Holm
17. Color or Race white **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Nappa City, (City or town) Calif, (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business keeping house

22. Name prophylactic used to prevent Ophthalmia Neonatorum no

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Nez Perce } ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 49 years, and that Dr. (First name) Winquist (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nels L Agrell
Signature
Lewiston, Idaho 1338-F Street
P. O. Address

Subscribed and sworn to before me this 5th day of August, 1942.

(SEAL) C. P. Hinkle
Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 10 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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854 104 036-345

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353402
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ONEIDA (b) City WESTON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: OWN HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ONEIDA
(c) City WESTON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) WESTON IDAHO

4. FULL NAME OF CHILD LAURENCE RAYMOND HEUSSER

5. Date of Birth of Child (Month, day, year) Feb. 4th 1893

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME WILLIAM HEUSSER
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace DAVAZIA (City or town) SWITZERLAND (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY CHRISTENA LUND
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace SALT LAKE CITY (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 49 years, and that Israelissa Heusser (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary Heusser Signature

P. O. Address

Subscribed and sworn to before me this 7 day of August, 1942

(SEAL)

Notary Public, residing at Preston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314 224028-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353414
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Sand Point
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: IN THIS county years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Sand Point
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 months

3. **RESIDENCE OF FATHER** (city, state) Sand Point Idaho

4. **FULL NAME OF CHILD** Bessie Agnes Campbell

5. Date of Birth of Child (Month, day, year) March 24 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James N. Campbell
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Pineriver (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha C. Kennedy Campbell
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Nodaway (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 81 years of age, that I have known this person for 49 years, and that Anna Graves and Mary Graves (First name) (Last name), who attended this birth are now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James H Campbell Signature
2024 West Brakeye, Spokane P. O. Address

Subscribed and sworn to before this 6th day of August, 1942

(SEAL) Hart Snyder Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by Mark Taylor, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



915-115-029-445

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353537

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Silver Creek Com.

(c) Street Address or R.F.D. No. Farmington, Wash.

(d) Name of Hospital or Maternity Home: Born in Residence

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 7 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah

(c) City Silver Creek Community

(d) Street Address or R.F.D. No. Farmington, Wash.

(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Silver Creek Com., Idaho

4. FULL NAME OF CHILD William Weaver Randolph

5. Date of Birth of Child (Month, day, year) April 15, 1893

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd Nil

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joshua Alfred Randolph

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Randolph (City or town), Kansas (State or foreign country)

14. Exact Occupation Farmer and Blacksmith

15. Industry or Business Farmer and Blacksmith

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie May Muncey

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Clay County (City or town), Indiana (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4. (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 49 years, and that Mrs. Burden (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. A. Randolph Signature

Box 605, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of August, 19 42

(SEAL) Lucille Randolph Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

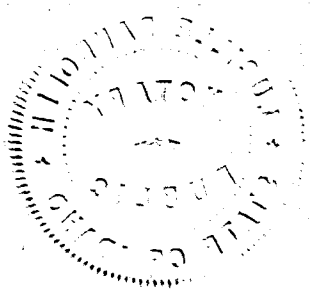
Received for filing on AUG 12 1942 by Mabel H. Eckfeldt, Registrar.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



235-22-0036-613

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353540
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Onida (b) City Stone
   (c) Street Address or R.F.D. No. ----------
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: **IN THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Utah (b) County Summit
   (c) City Coalville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? six mo. yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Isabella Stevenson

5. Date of Birth of Child (Month, day, year) Sept. 20, 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Stevenson
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Scotland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Wallwork [redacted]
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Coalville (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Utah } ss.
County of Weber }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 49 years, and that Mrs. Bridgett Cottam (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James J. Wallwork Signature

P. O. Address

Subscribed and sworn to before me this 23 day of July, 1942

(SEAL) Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires June 8, 1945

Received for filing on AUG 12 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-219-028-962

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 358589

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Harrison
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Harrison
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Edna Francis Rickel

5. Date of Birth of Child (Month, day, year) Feb. 19, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Henry Rickel
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Clarinda, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose May Roberts
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Mapleton, (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for years, and that none (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose M. Rickel Signature

Rathdrum, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of July, 19 42

(SEAL) M. A. Kigen Notary Public, residing at Harrison

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible] Idaho Code Annotated.)

Received for filing on AUG 13 1942 by Mabel Kellerman, Registrar.

AUG 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-103-22-261

353690

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Wilford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Wilford Fremont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Wilford, Idaho

4. FULL NAME OF CHILD Nephi Jack

5. Date of Birth of Child (Month, day, year) Aug. 3 - 1893

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Rigmore Jack
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margret Swan
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Baker }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 48 years, and that unknown (First name) unknown (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Violet Metcalf Signature
North Powder, Oregon P. O. Address

Subscribed and sworn to before me this 11th day of August, 1942

(SEAL) Irene Loney Notary Public, residing at Baker, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES OCT. 24, 1945.

Received for filing on AUG 15 1942 by Mark Fitzgerald, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-406-016-231

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353759
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Standrod
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
City Standrod
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Standrod, Ida

4. FULL NAME OF CHILD Nettie Winifred Manfull [illegible]

5. Date of Birth of Child (Month, day, year) July 6, 1893

6. Sex female. **7.** Twin or Triplet sirgle If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Jessie Freeman Manfull
11. Color or Race white **12.** Age at time of THIS birth 23 yrs.
13. Birthplace (City or town) Minnesota. (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Abba Lorena Scarborough
17. Color or Race white **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Cassia, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 49 years, and that (First name) Mrs. Manning (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Alma McGuire Signature
Malad Idaho P. O. Address

Subscribed and sworn to before me this 6 day of Aug., 1942.
(SEAL) D. Preston Loveland Notary Public, residing at Star Valley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/5-27-036-495

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353772
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD JEANETTE DANIELS

5. Date of Birth of Child (Month, day, year) August 27, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME DAVID M. DANIELS
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Cattle business
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME GERTRUDE GRACE DIVES
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO } ss.
County of BANNOCK }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 48 years, and that Dr. Drake (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Grace Daniels Signature
Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of August, 19 42.

(SEAL) W. McClane Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 18 1942 by Mabel H. Gilpin, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-122 044 168

355110

355110

United States Department of Commerce Bureau of the Census

SEP 2 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355110

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Mineral
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Mineral
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ernest Joseph Hermo

5. Date of Birth of Child (Month, day, year) Sept. 22, 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate yes

FATHER OF CHILD

10. **FULL NAME** John Henry Hermo
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Johnson
17. Color or Race white
18. Age at time of THIS birth 46 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 49 years, and that midwife (First name) ____ (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna O Radtke Signature

Boise, Idaho. R. 1 P. O. Address

Subscribed and sworn to before me this 2 day of Sept., 1942

(SEAL) W. S. Hoy Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 2 1942 by Mary F. Elder, Registrar.

SEP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



384 216 006 413 355129

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355129
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian Ida

4. FULL NAME OF CHILD Gladys Thurman

5. Date of Birth of Child (Month, day, year) Aug 16 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frederick Thurman

11. Color or Race White

12. Age at time of THIS birth 21 yrs.

13. Birthplace Boise (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lola Tennessee Daly

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Putman County (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 49 years, and that Dr Fred Compton (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

XX Laura A. Taylor ..... Signature

Meridian Idaho ..... P. O. Address

Subscribed and sworn to before me this 4 day of Sept, 1942

(SEAL) W. E. Foy ..... Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1942 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533 124022-393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355162
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Chapin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Chapin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Chapin, Ida.

4. FULL NAME OF CHILD Irvin Elliott

5. Date of Birth of Child (Month, day, year) 12/24/1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME James Elliott
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Stamborough (City or town) England (State or foreign country)
14. Exact Occupation ~~Miner~~ Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Littlewood.
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Silkstone (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 49 years, and that Mrs? G. Murphy (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X James Elliott Signature

P. O. Address

Subscribed and sworn to before me this 24 day of Aug., 1942

(SEAL) Thos. B. Langlois Notary Public, residing at Ashton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 25 1942 by Mark Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 3 1977

AUG 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-21-8-029-753

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355329
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Troy (Vollmer)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years ? months ? days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy (used to be called Vollmer)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** Alpkild Elizabeth Wallner

5. Date of Birth of Child (Month, day, year) Nov. 18, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Jonas Wallner
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Jämptland (City or town) Sweedens (State or foreign country)
14. Exact Occupation Shingle Mill worker
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emyla Christine Petersen
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Kottjönn (City or town) Jämptland (State or foreign country) Sweden
20. Exact Occupation Cook for men in mill.
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 68 years of age, that I have known this person for 48 years, and that Emyli (First name) Saline (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jae Beaudin Signature
329 N 98 Seattle Wash P. O. Address

Subscribed and sworn to before me this 26th day of August, 1942

(SEAL) C A Dawson Notary Public, residing at Seattle Wn 8300 Greenwood ave

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1942

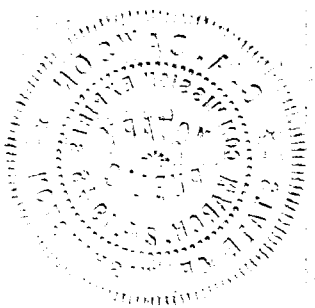
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated, when such report is accom~~panied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



314-10812b-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355333
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery **IN THIS** county yes years 1 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** William Leslie Tadlock

5. Date of Birth of Child (Month, day, year) Aug 8, 1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Oliver Cowdry Tadlock
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Celia Ann Williams
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Chicago (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 49 years, and that Dr Dan P. Albee (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Shepard Signature
Oakley Idaho P. O. Address

Subscribed and sworn to before me this 24 day of August 1942

(SEAL)

C. J. Larson
Notary Public, residing at Oakley, Cassia County, Idaho
Notary Public in and for the State of Idaho
My Commission expires Jan. 6, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 29 1942 by Mark Teeter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

55-126-014-295

355372

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 1 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Middleton, Ida

4. FULL NAME OF CHILD Samuel Edwin Newman

5. Date of Birth of Child (Month, day, year) June 26 1893

6. Sex male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy — **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel W Newman
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Fayetteville (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Anna Beckham
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Hannibal (City or town) Mo. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 49 years, and that D.D. (First name) Lee (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel W Newman Signature

my commission expires 1-19-44 Star Idaho P. O. Address

Subscribed and sworn to before me this 31 day of August 1942

(SEAL) Libyl O Riddell Notary Public, residing at Star Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1942 by Mabel E Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-112-040-265

355446

United States
Department of Commerce
Bureau of the Census SEP 3 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355446
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wardner
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 9 months 25 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wardner
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wardner-Ida

4. **FULL NAME OF CHILD** Andrew Clay Wilson

5. Date of Birth of Child (Month, day, year) Aug. 12. 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Lemuel T. Wilson
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace -? (City or town) Iowa (State or foreign country)
14. Exact Occupation Foreman-Bunkerhill-Gravity
15. Industry or Business Tramway.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Catherine Bonham.
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace ? (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at P M. on the date and at the place stated above, and that personal particulars were furnished by Effie Wilson-Garrison (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Thurston } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 49 years, and that Dr. Franze (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Wilson-Garrison Signature

Yelm, Washington P. O. Address

Subscribed and sworn to before me this 31th day of August, 1942

(SEAL) Notary Public, residing at Yelm.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1942 by , Registrar.

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

698-113-229-431

355520

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 4 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Marvin Wilson Fry

5. Date of Birth of Child (Month, day, year) Nov. 13, 1893

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Oliver Perry Fry
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Onward, Indiana (City or town) (State or foreign country)
14. Exact Occupation Liveryman
15. Industry or Business Livery Stable

MOTHER OF CHILD

16. FULL MAIDEN NAME Annettie McAllister
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Dayton, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 49 years, and that Dr. ? (First name) Coffey (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edgar G. Fry Signature

Greenacres Wash. P. O. Address

Subscribed and sworn to before me this 28 day of August, 1942

(SEAL) Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1942 by Mabel E. Hopkins, Registrar.

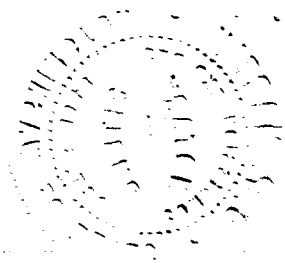
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



253-22 4.029.381

355533

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county XXXX years 11 months XXX days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 11 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD Daisy Blanche Kelly

5. Date of Birth of Child (Month, day, year) Nov. 24, 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Richard Wilson Kelly
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Racine (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ann Chaffee
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Crowna (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 49 years, and that Mrs Spencer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Darah Ann Kelly Signature
Route #4, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of august 19 42

(SEAL) F. M. Snyder Notary Public, residing at Nampa, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1942 by Mabel F. Greer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 14 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-128. SEP 11 1942 355542

355542

United States Department of Commerce Bureau of the Census (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355542
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Eagle
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Eagle
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bruce Cameron Montgomery

5. Date of Birth of Child (Month, day, year) Sept 28 1893

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Thomas H Montgomery
11. Color or Race white **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Sheep Shearer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cime Gilman
17. Color or Race white **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Maine (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 49 years, and that (First name) midwife (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Sedlick Signature

P. O. Address

Subscribed and sworn to before me this 11th day of September, 1942

(SEAL) Marion E Ross Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1942 by Mary F Elder, Registrar.

SEP 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-125040-669

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 14 1942

State File No. 355853
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Mullen
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Mullen
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Michael Murphy

5. Date of Birth of Child (Month, day, year) August 25 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Michael Murphy
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Carbonear (City or town) Newfoundland (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Fortune
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Carbonear (City or town) Newfoundland (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Burnside Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 47 years, and that Mary (First name) Dawe (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Murphy Signature
Spaniard's Bay, Nfld. P. O. Address

Sub[illegible] sworn to before me this 3rd day of Sept 1942 Sept 3, 1942

B.B. Squires J.P. Notary Public, residing at Spaniard's Bay

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 14 1942 by Mabel E. Gipson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-214029 216

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 11 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355934
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City
   (c) Street Address or R.F.D. No. Farm
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City
   (d) Street Address or R.F.D. No. Farm
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Pearl Agnes Reeves
5. Date of Birth of Child (Month, day, year) Aug. 14 1893
6. Sex female
7. Twin or Triplet
   If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Enoch S. Reeves
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Toronto (City or town) Kansas (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Bell Sawyer
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace McMinnville (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Riverside } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 49 years, and that Mary Miller (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Enoch S Reeves Signature
Thermal, California P. O. Address

My Com. Expires May 10 - 1945

Subscribed and sworn to before me this 5 day of September, 1942

(SEAL)

Florence E. Schmidt Notary Public, residing at Ind.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1942 by Mabel E. Robertson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-21040-662

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355936
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City WALLACE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years 6 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County Shoshone
(c) City WALLACE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wallace, Idaho

4. **FULL NAME OF CHILD** Edith Josephine Turner

5. Date of Birth of Child (Month, day, year) February 11, 1893

6. Sex FEMALE

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Joseph Turner
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Fayette Co. (City or town) Illinois (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Lumber Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Ann Foster
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Fayette Co. (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and ~~including~~ this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 51 years, and that Dr. Geneway (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and ~~that I~~ desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry Turner
Signature

2555 West Blvd Los Angeles, Calif.
P. O. Address

Subscribed and sworn to before me this 8 day of September, 19 42

(SEAL)

My Commission Expires January 7, 1946

Notary Public, residing at 5114 W Adams Los Angeles, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 19[illegible] by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-131028-296

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356023
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) CoeurD'Alene

4. **FULL NAME OF CHILD** R ODNEY WILLIAM MINOR

5. Date of Birth of Child (Month, day, year) Dec. 31, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick Joseph Minor
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Cove (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Alma Brown
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Augusta (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Nora Alma (First name) Webb (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Orange }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 48 years, and that Martha (First name) Minor (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Alma Webb Signature

1236 So. Hill St., Los Angeles, Calif P. O. Address

Subscribed and sworn to before me this 14th day of September, 1942

(SEAL) Gladys A. Smith Notary Public, residing at Santa Ana, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires December 14, 1944

Received for filing on SEP 19 1942 by Mabel Heiser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 356050

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Owyhee (b) City Wilson

(c) Street Address or R.F.D. No. none

(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 11 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Owyhee

(c) City Wilson

(d) Street Address or R.F.D. No. none

(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Wilson Ida

4. FULL NAME OF CHILD Alfred Logan Cox

5. Date of Birth of Child (Month, day, year) Jan. 8, 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alfred Cox

11. Color or Race white

12. Age at time of THIS birth 52 yrs.

13. Birthplace Kokomo (City or town) Indiana (State or foreign country) U.S.A

14. Exact Occupation Farming

15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phebe Jane Hopson

17. Color or Race white

18. Age at time of THIS birth 42 yrs.

19. Birthplace Peoria (City or town) Illinois USA (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Phebe (First name) Cox (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Cora L. Hall. Midwife Address Boise, Idaho. Date

State of Idaho
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 19 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-110036-314

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356081

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Preston Idaho.

4. FULL NAME OF CHILD George Russell Montague

5. Date of Birth of Child (Month, day, year) Dec. 10-1899

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Theodore Adrian Montague

11. Color or Race White **12.** Age at time of THIS birth 41 yrs.

13. Birthplace St. Joseph, Missouri (City or town) (State or foreign country)

14. Exact Occupation Decorator & Painter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Lamoreaux

17. Color or Race White **18.** Age at time of THIS birth 38 yrs.

19. Birthplace Farmington, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) Dec 10th 1899 at 9:45 A. M. on the date and at the place stated above, and that personal particulars were furnished by Nellie L. Clayton (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Nellie L Clayton M.D. Midwife Address Preston Idaho Date Sept 2-42

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 79 years, and that Nellie L Clayton (First name) Clayton (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie L Clayton Signature
PRESTON, IDAHO P. O. Address

Subscribed and sworn to before me this 2nd day of SEPTEMBER, 1942.
(SEAL) E Anderson Notary Public, residing at PRESTON, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES FEBY 28, 1942

Received for filing on SEP 25 1942 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Ida.

4. FULL NAME OF CHILD Newton Ingomah Bogart

5. Date of Birth of Child (Month, day, year) Mar. 2, 1893

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Sawyer Bogart
11. Color or Race white **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Campbellford, Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Abstractor & Title Examiner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Foster
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Council Bluffs, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 49 years, and that Dr. Geo. Collister (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James S. Bogart ✓ Signature

1605 No. 8th St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of September, 19 42

(SEAL) Maud E Elder Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 28, 1942 by Maud E Elder, Registrar.

SEP 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 62 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Vernia Stella McPartee

5. Date of Birth of Child (Month, day, year) Sept. 27 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Nelson McPartee
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Provo Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Molly Rowland
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Lone California (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Molly McPartee (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Asa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 71 years of age, that I have known this person for 48 years, and that Mrs. Larrabee (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Molly Rowland McPartee Signature
Deare Route Eagle Idaho P. O. Address

Subscribed and sworn to before me this 26th day of June, 1942.
(SEAL) F. N. Wegener Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 30, 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

SEP 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

156-18022-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

SEP 17 1942 STATE OF IDAHO

State File No. 356136
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Garfield, R,D,I,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home,
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho, (b) County Fremont
(c) City Garfield,
(d) Street Address or R.F.D. No. R.F.D.I.
(e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. RESIDENCE OF FATHER (city, state) Ucon, Ida,

4. FULL NAME OF CHILD Henry George Jeffs

Sept 18th, 1893 Date of Birth of Child (Month, day, year) Sept. 18, 1893

6. Sex Male 7. Twin or Triplet --- If so—born 1st, 2nd, 3rd --- 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Henry Jeffs,
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Hemel, Hempsted (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Groom
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Chiltern Green, England (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate,

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 49 years, and that Harriet Dabell (First name) (Last name), who attended this birth is dead, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Della Groom Signature

Rigby, Idaho. P. O. Address

Subscribed and sworn to before me this 17 day of September 1942

(SEAL) Percy Groom Notary Public, residing at Rigby Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1942 by Mabel Keeler, Registrar.

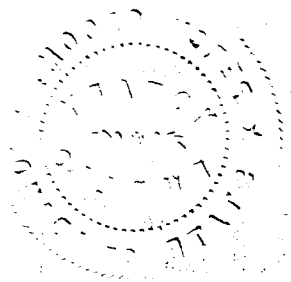
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



312.122 003-268

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 25 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357354
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 24 years 10 months 26 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Oxford
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 6 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett Idaho

4. FULL NAME OF CHILD George Marion Lake

5. Date of Birth of Child (Month, day, year) 12-22-1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Chauncey William Lake

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Ogden (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Blacksmith

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary A. Boyce

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Oxford (City or town) Idaho (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Gem }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above that I am now 75 years of age, that I have known this person for 49 years, and that Nat Brason (First name) (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

D E Lake Signature

Emmett Idaho P. O. Address

Subscribed and sworn to before me this 24th day of September, 1942

(SEAL) C W Keyes Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 25 1942 by Mary E Eller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434-118022-791

357406

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 28 1942

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City ---

(c) Street Address or R.F.D. No. ---

(d) Name of Hospital or Maternity Home: Born at home

(e) Mother's stay **BEFORE** delivery: about 8 years IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont

(c) City ---

(d) Street Address or R.F.D. No. ---

(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William James McMillan

5. Date of Birth of Child (Month, day, year) Oct. 18, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew McMillan

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Murray (City or town) Utah (State or foreign country)

14. Exact Occupation Mining

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Amanda Graham

17. Color or Race White

18. Age at time of THIS birth 19½ yrs.

19. Birthplace Manden (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Lewis & Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 49 years, and that Dr. Edwin Rivers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew McMillan Signature

126 Chestnut St. Helena-Mont. P. O. Address

Subscribed and sworn to before me this 22d day of September, 1942

(SEAL) Margaret Clemens Notary Public, residing at Helena-Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1942 by Mary Robertson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1947

SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-115022-249

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 28 1942

State File No. 357412
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Lorenzo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lorenzo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lorenzo Idaho

4. **FULL NAME OF CHILD** Jesse Cherry Brown

5. Date of Birth of Child (Month, day, year) Jan 15-1893

6. Sex Male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 4

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Timothy B. Brown
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Centerville, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret A. Smith
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Centerville, Utah. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children ~~of this mother~~: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 49 years, and that Jeannette Poole (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Brown Signature

Lorenzo--l, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of September, 19 42

(SEAL) Basil R. Rammell Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 28 1942 by Mary F. Fisher, Registrar.

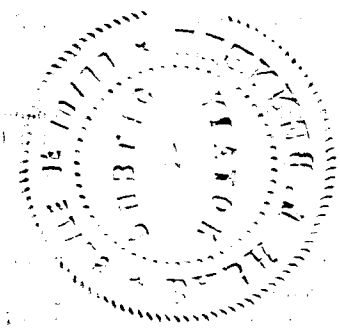
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the ~~purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



234-218008-617

357462

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357462
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Van Wyck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Van Wyck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 Mo yrs.

3. RESIDENCE OF FATHER (city, state) Van Wyck, Id

4. FULL NAME OF CHILD Bertha Amelia Stunz

5. Date of Birth of Child (Month, day, year) April 18, 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Emil August Stunz
11. Color or Race German
12. Age at time of THIS birth 27 yrs.
13. Birthplace (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Johanna Wagner
17. Color or Race German
18. Age at time of THIS birth 25 yrs.
19. Birthplace (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 12:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Johanna (First name) Stunz (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Phalla Patterson M.D. Midwife ✓ Address Cascade Date 9/28/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1942 by , Registrar.

OCT 12 1942

MAY 25 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-125022-546

357480

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 28 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357480
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Fremont (b) City Wilford
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 8 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Wilford
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? eight yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Lester David Robb

5. Date of Birth (Month, day year) September 25th 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Robb
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Sidney (City or town) Australia (State or foreign country)
14. Exact Occupation Farming and Cattle raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Edwards
17. Color or Race White
18. Age at time of THIS birth 34 yrs
19. Birthplace Myrthentidville Wales (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ellen J. Bigler, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lester David Robb (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Middleton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ellen J. Bigler Signature

St. Anthony Idaho P. O. Address

Subscribed and sworn to before me on this 24 day of September, 1942

(SEAL) Reserve, Robala Judge Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

958-208025-958

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 29 1942

State File No. 357529
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Nora Flavious Zehner

5. Date of Birth of Child (Month, day, year) May 8, 1893

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Franklin Zehner
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Lawrence Co. Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Missouri A Zehner
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 49 years, and that Mrs. Rachel Lyttle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Missouri A Zehner Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of September, 1942

(SEAL) Notary Public, residing at Grangeville, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-[illegible] Idaho Code Annotated.)

Received for filing on SEP 29 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-120002-165

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357546
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: On farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Near Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Meadows

4. FULL NAME OF CHILD Patrick Farrell

5. Date of Birth of Child (Month, day, year) 4-20-1893

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Mathew Farrell
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Springfield (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary E. Jones
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Dallas (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mathew Farrell (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Alice Kaufman, M.D. XMXX Midwife Address New Meadows, Idaho Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Adams } ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 49 years, and that Elizabeth Clay (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Mathew Farrell Signature

P. O. Address

Subscribed and sworn to before me this 19 day of September, 1942, 19

(SEAL) Notary Public, residing at New Meadows, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 29 1942 by Mary E. Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 1942

MAR 21 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-123016-365

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357549
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Malta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born on farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Malta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho since birth yrs.

3. RESIDENCE OF FATHER (city, state) Malta Idaho

4. FULL NAME OF CHILD Charles David Scott

5. Date of Birth of Child (Month, day, year) Sept 23d 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George M. Scott
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Scotland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie E. Long
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Stanwood Iowa (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for all his life years, and that Maryann Laursberry (First name) (Last name), who attended this birth Moved away. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Maggie E. Scott Signature

Malta Idaho P. O. Address

Subscribed and sworn to before me this 12 day of September, 1942

(SEAL) Henry Thompson Notary Public, residing at Malta, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

my com. exp. Jan-25-1945.

Received for filing Jan-25 SEP 29 1942 by Mark E. Cutler, Registrar.

OCT 2 [illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



125 125 018-273

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

OCT 2 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357624
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Teakean
(c) Street Address or R.F.D. No. - - -
(d) Name of Hospital or Maternity Home: - -
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 year X months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Teakean
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Teakean, Ida.

4. FULL NAME OF CHILD Amiel M. Abel

5. Date of Birth of Child (Month, day, year) May 25, 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy full 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME A. J. Abel
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Near Des Moines, Iowa (City or town) (State or foreign country)
14. Exact Occupation Homestead farmer
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Hester Billups
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Dayton, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia ~~Neonatorum~~ None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of OREGON } ss.
County of UMATILLA }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 48 years, and that Laura Abel (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Dora Ferguson Signature
Hester Abel Ferguson, Pilot Rock, Oregon P. O. Address

Subscribed and sworn to before me this 27th day of April, 1942.

(SEAL) Marjorie Johnson Notary Public, residing at Stanfield, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Comm Expires Sept. 9, 1945

Received for filing on OCT 2 1942 by Mabel Nichols, Registrar.

OCT 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-112035-386

357628

United States Department of Commerce
Bureau of the Census

OCT 2 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Lapwai, Idaho

4. FULL NAME OF CHILD Samuel Newton Taber

5. Date of Birth of Child (Month, day, year) Dec. 12, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Martin Taber
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Near Tablerock, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Addie Thomas
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Dayton, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Addie Taber (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. ~~ATTENDANT'S SIGNATURE~~ ~~M.D.~~ Mother Address Lapwai, Idaho Date May 21, 1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Latah } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 49 years, and that Mrs. Henry Beeman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Addie Taber Beeman Signature
Lapwai, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of September 1942
(Seal)
J. M. O'Donnell Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 2 1942 by Mary F. Eldon, Registrar.

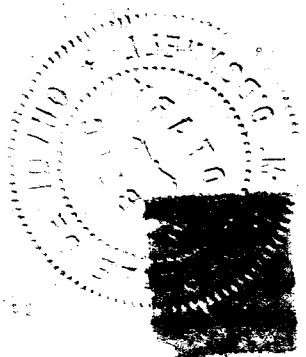
DEC 23 1942

DEC 31 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 181, 1911 Session Laws, has not been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



813-111004-219

357669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Paris, Idaho.
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 9 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Paris
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 6 3/4 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Wesley Baines Yates

5. Date of Birth of Child (Month, day, year) Feb. 11, 1893

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm. Thomas Yates
11. Color or Race English
12. Age at time of THIS birth 61 yrs.
13. Birthplace Sheffield (City or town) England (State or foreign country)
14. Exact Occupation Stone Mason
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Baines
17. Color or Race English
18. Age at time of THIS birth 33 yrs.
19. Birthplace Whittington (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 49 years, and that Mrs. Dr. Robert Price (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charlotte S. Sundberg Signature

8109 S.E. Lafayette St. Portland, Ore. P. O. Address

Subscribed and sworn to before me this 1st day of October 1942

(SEAL)

Notary Public, residing at Portland Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 1942 by ____, Registrar.

OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-21-1022-493

357934 357934

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Menan, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Eva Alvira Casper

5. Date of Birth of Child (Month, day, year) March 19, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? ye

FATHER OF CHILD

10. FULL NAME Petef William Casper

11. Color or Race white

12. Age at time of THIS birth 35 yrs.

13. Birthplace Big Cottonwood, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD MILES

16. FULL MAIDEN NAME Margaret Miria Casper

17. Color or Race white

18. Age at time of THIS birth 28 yrs.

19. Birthplace Summit County, Utah (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 49 years, and that Margaret Miria Capser, Mother (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret M. Casper Signature

American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of September, 1942

(SEAL) Notary Public, residing at American Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1942 by Maud Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555-116-007-219

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 19 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 358196
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Ketchum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Ketchum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Ketchum, Ida.

4. FULL NAME OF CHILD George Sydney Venable

5. Date of Birth of Child (Month, day, year) Nov. 16, 1893

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Sydney Venable
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Louisville (City or town) Kentucky (State or foreign country)
14. Exact Occupation Liveryman
15. Industry or Business Feed & Livery Stable

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Francis Barry Venable
17. Color or Race white **18.** Age at time of THIS birth 21 yrs.
19. Birthplace San Francisco, Calif. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Blaine } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 50 years, and that Mrs. Doud (First name) Newman (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Frances Barry Venable Signature

P. O. Address

Subscribed and sworn to before me this 16 day of Oct, 1942

(SEAL)

Notary Public, residing at Hailey Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mabel E. Peden, Registrar.

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-201-003-943

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358198
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Grace Emily Stone

5. Date of Birth of Child (Month, day, year) March 1st 1942

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Virgil Edmond Stone

11. Color or Race White **12.** Age at time of THIS birth yrs.

13. Birthplace Nebraska (City or town) (State or foreign country)

14. Exact Occupation Rail Road Brakeman

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Lee Rucker

17. Color or Race White **18.** Age at time of THIS birth 25 yrs.

19. Birthplace Missouri (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Francisco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the maternal Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 49 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Allie A Jenson Signature

321 Garfield St., San Francisco, Calif. P.O. Address

Subscribed and sworn to before me this 22nd day of September 1942

(SEAL) Notary Public, residing at 114 Powell St San Francisco, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1942 by Mabel E. Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

191-214-025-466

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359613
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Mt. Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 10 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Mt. Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Calaveras Cal

4. FULL NAME OF CHILD Vivian Emma Aram

5. Date of Birth of Child (Month, day, year) 2-14-1893

6. Sex Female **7.** Twin or Triplet (If so—born 1st, 2nd, 3rd) Neither **8.** No. months of Pregnancy nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Thomas Aram
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Calaveras (City or town) Cal (State or foreign country)
14. Exact Occupation Stock man
15. Industry or Business Livestock

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Emma Moore
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Oakland (City or town) Oregon (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington
County of Spokane } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 49 years, and that Dr. S. E. Bebby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Emma Aram Signature

634 Cleveland Ave., Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 16 day of October, 1942

(SEAL) E. P. Anderson Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1942 by Mark H. Kistler, Registrar.

JUN 21 1954

OCT 31 1942.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-122-019-513

359648

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Bayhorse
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Bayhorse
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Elmer Hurst

5. Date of Birth of Child (Month, day, year) June 22, 1893

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Conred Hurst

11. Color or Race White **12.** Age at time of THIS birth 37 yrs.

13. Birthplace Giesson (City or town) Germany (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amelie Valentine

17. Color or Race White **18.** Age at time of THIS birth 38 yrs.

19. Birthplace Brest (City or town) France (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: ~~(a) At time of birth~~ and including this child 5 (b) Born alive and ~~now living~~ 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Custer }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 48 years, and that Dr. C. F. Baker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora J Brockman Signature

Mackay, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of October, 1942.

(SEAL) Morris Strang Notary Public, residing at Mackay, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 29 1942 by [illegible] Registrar.

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942-225-01Y-498

359679

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. So. of Nampa
(d) Name of Hospital or Maternity Home: South side
(e) Mother's stay BEFORE delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. So. side
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Ida.

4. FULL NAME OF CHILD Ennis Ruse

5. Date of Birth of Child (Month, day, year) June 25 1893

6. Sex female

7. Twin or Triplet twin

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Francis Marion Ruse
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Lynchburg (City or town) Ohio (State or foreign country)
14. Exact Occupation blacksmith
15. Industry or Business own business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Louise Dryden
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Lynn Co. Linnues (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 49 years, and that Dr. Frederick S. Kohler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. H. B. Ward Signature

Boise Idaho Box 215 P. O. Address

Subscribed and sworn to before me this 28 day of October, 1942

(SEAL) Clark County Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 4 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-11-022-793

359840

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359840
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Market Lake
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN THIS county 9 years 3 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Market Lake
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. **RESIDENCE OF FATHER** (city, state) Market Lake

4. **FULL NAME OF CHILD** John Newton Adams

5. Date of Birth of Child (Month, day, year) Oct. 11 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Joseph Newton Adams
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Market Lake (City or town) Fremont (State or foreign country)
14. Exact Occupation Owner and operator live stock
15. Industry or Business Live stock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Jane Gilchrist
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Lehi, (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 49 years, and that Hariette (First name) DaBell (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane G. Adams Signature

Rigby, Idaho. P. O. Address

MY COMISSION EXPIRES DECEMBER 8, 1943

Subscribed and sworn to before me this 28th day of October, 19 42

(SEAL) E K Birch Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by ____, Registrar.

NOV 10 1942

JAN 14 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 215026 866

359942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Lewisville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 73 yrs.

3. RESIDENCE OF FATHER (city, state) St. C. Idaho Idaho Falls

4. FULL NAME OF CHILD Eunice Walker

5. Date of Birth of Child (Month, day, year) Oct 15, 1893

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Lorin Paul Walker
11. Color or Race white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Louisa Howell
17. Color or Race white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Franklin, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 49 years, and that Mrs. Bryan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lorin Paul Walker Signature
Idaho Falls Idaho Rt 5 P. O. Address

Subscribed and sworn to before me this 4 day of Nov 1942

(SEAL) Thos B Larsen Notary Public, residing at Ashton Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 7 1942 by Mabel H Edelin, Registrar.

NOV 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-105016-493

359974

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 9 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359974
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Caribon
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Norman Lee Renfro

5. Date of Birth of Child (Month, day, year) Dec. 5th 1893

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Wesley Renfro
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie Delores Mitchell
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Windsor (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number ~~of children of this mother~~: (a) At time of ~~birth and including~~ this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Missouri
County of Henry } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 48 years, and that Father, Mother & Doctor (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertie T Renfro Signature
Windsor Missouri P. O. Address

Subscribed and sworn to before me this 4 day of November, 1942

(SEAL) Glass E Fearster Notary Public, residing at Windsor Mo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 9 1942 by Mabel M Fields, Registrar.

No. 13,342

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for~~ the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 1/2 0444 294

360070

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 9 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. 360070
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Meadows Idaho

4. FULL NAME OF CHILD James Albert Wilson

5. Date of Birth of Child (Month, day, year) August 12-93

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME John Albert Wilson
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Aberdeen (City or town) Scotland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Simpson Wilson
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Aberdeen (City or town) Scotland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the ~~date~~ and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature deceased Lizzie Clay M.D. Midwife Address Meadows Ida. Date Aug 12-93

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Cinnie E Krigbaum Signature
Meadows Idaho P. O. Address

Subscribed and sworn to before me this 1st day of Nov, 1942

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar.

NOV 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-118029-269

360099

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 12 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick, Idaho

4. FULL NAME OF CHILD Grover Cleveland Larson

5. Date of Birth of Child (Month, day, year) July 18 1893

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Martin Larson

11. Color or Race white

12. Age at time of THIS birth 48 yrs.

13. Birthplace near Christiana (Oslo) Norway (City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bergetta Borgenson

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace near Christiana (Oslo) Norway (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Skagit }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 19 years, and that Mary (First name) Kalke (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Betsy Larson Signature

828 Lincoln Ave Mount Vernon, Wash. P.O. Address

Subscribed and sworn to before me this 30th day of October, 19 42.

(SEAL) ..... Notary Public, residing at Mount Vernon, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 12 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 16 1949

OCT 19 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-225006 243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360112
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City IDAHO FALLS
(c) Street Address or R.F.D. No. PARK AVE CAT. RAB
(d) Name of Hospital or Maternity Home:
OWN HOME AS PER ABOVE.
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City IDAHO FALLS
(d) Street Address or R.F.D. No. PARK AVE.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO FALLS IDAHO.

4. FULL NAME OF CHILD CORA BELLE TENNE

5. Date of Birth of Child (Month, day, year) 10/25/1893

6. Sex FEMALE

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** BENJAMINE ANSIL TENNE
11. Color or Race WHITE
12. Age at time of THIS birth ____ yrs.
13. Birthplace OAKLAND, CALIF. (City or town) (State or foreign country)
14. Exact Occupation CABINET MAKER.
15. Industry or Business SAME.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** KATHERINE ELIZABETH SUTTER
17. Color or Race WHITE
18. Age at time of THIS birth ____ yrs.
19. Birthplace ____ (City or town) CANADA. (State or foreign country)
20. Exact Occupation MILLINER.
21. Industry or Business SAME.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend and neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 49 years, and that Dr La Rue (First name) ____ (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur S Polmer Signature
1936 Sawtelle Blvd. W. Los Angeles, Cal P. O. Address

Subscribed and sworn to before me this 13 day of Nov., 19 42.

(SEAL)

Albert M Eppler Notary Public, residing at W. Los Angeles, Cal.

My Commission Expires June 13, 1945 (Not transferable to any county in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by Mabel Hall, Registrar.

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-127025-239

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360179
Local Reg. No.
Reg. Dist. No.

OCT 5 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City WARREN
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City WARREN
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** Philip Otto Johnson

5. Date of Birth of Child (Month, day, year) March 27 1893

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alexander Johnson
11. Color or Race White
12. Age at time of THIS birth 59 yrs.
13. Birthplace SWEDEN (City or town) (State or foreign country)
14. Exact Occupation Prospector Miner
15. Industry or Business RON Hotel

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca STINE
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace LAKE CHATTES LA. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO } ss.
County of IDAHO }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ACQUAINTANCE (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 49 years, and that Dr. Ford (First name) (Last name), who attended this birth, IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Otis Morris Signature

WARREN, IDAHO P. O. Address

Subscribed and sworn to before me this 2 day of October, 1942

(SEAL) Edna E. Buckley Notary Public, residing at French Creek Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 1942 by Mabel Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 19 1942

APR 11 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-108022-796

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360184
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Parker
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Parker
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Parker, Idaho

4. **FULL NAME OF CHILD** William Grover Simpson

5. Date of Birth of Child (Month, day, year) Oct. 8, 1893

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Simpson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Nottingham (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosella Grover
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Farmington (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 49 years, and that Dr. Guy Middleton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mattie E. Gray Signature

785 South Boulevard, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of November, 1942

(SEAL) Olga Goetloff Clerk of Probate Court Notary Public, residing at Idaho Falls Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by Mabel Teeples, Registrar.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-20207-299

360266

360266

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 19 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clark (b) City Beaver Canyon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Beaver Canyon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Beaver Canyon-Ida

4. FULL NAME OF CHILD Lula Lee

5. Date of Birth of Child (Month, day, year) Dec. 2-1893

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sam W. Lee
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Bircher
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Carlisle (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 48 years, and that ____ (First name) Midwife (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie M. Collins Signature
6332 E. 97 St. Inez Los Angeles Calif. P. O. Address

Subscribed and sworn to before me this 6 day of Nov., 1942

(SEAL) My Commission Expires August 21, 1945 Robert L. Cook Notary Public, residing at Los Angeles - Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session ~~Laws, has not been recorded~~, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-2B029 459

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 19 1942 CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. 360386
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) [illegible]

4. FULL NAME OF CHILD Lillian Elizabeth Cole

5. Date of Birth of Child (Month, day, year) 9 [illegible] 193

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Charles Frank Cole	16. FULL MAIDEN NAME Elizabeth Wale Merrit
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 40 yrs.	18. Age at time of THIS birth 42 yrs.
13. Birthplace North Hampton (City or town) Mass. (State or foreign country)	19. Birthplace Tidjoute (City or town) Penns'lv'a (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife.
15. Industry or Business Farmer	21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the oldest Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for all her life years, and that Mrs Amanda Nichols (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jennie A Bower Signature
Avon, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of November, 1942

(SEAL) [illegible] Notary Public, residing at Troy Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-125029 768

360398

State File No. 360398

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Juliaetta
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Juliaetta
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Juliaetta, Idaho

4. **FULL NAME OF CHILD** Oliver Walter Clark

5. Date of Birth of Child (Month, day, year) Feb. 25, 1893

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Seymour Clark
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Hopkinsville (City or town), Kentucky (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lavonia Johnson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Harmon (City or town), Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) 64 of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 49 years, and that Mrs Henry Schetzel (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph H. Olney Signature
Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of Nov., 19 42

(SEAL) Russell S. Randall Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Mary E. Engler, Registrar.

NOV 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated, when~~ such report is accompanied by a certificate of the attending physician or midwife, ~~or by~~ Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-203008-235

360424 360424

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360424
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Idaho City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 6 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho City

4. FULL NAME OF CHILD Mayme Elizabeth Carpenter

5. Date of Birth of Child (Month, day, year) Feb 3 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 months

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Robert Carpenter
11. Color or Race White **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Schenectady (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Steinman
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Mariposa (City or town) Calif. (State or foreign country)
20. Exact Occupation Home Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2.30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Carpenter (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Boise }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 49 years, and that Lavina E. Richardson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary Carpenter Signature
Eagle, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of November, 1942.
(SEAL) Dorothy M. Gray Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 1 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231 105022625

360434

360434

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360434
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Haden
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Haden
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Haden, Idaho

4. FULL NAME OF CHILD Chester Black

5. Date of Birth of Child (Month, day, year) 11-5-1893

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Andrew Black
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Ephraim (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Johanna Oberhansley
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Payson (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 49 years, and that unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Johanna Black Signature

Eagle Idaho P. O. Address

My commission expires

Subscribed and sworn to before me this 3rd day of December A.D., 1942

(SEAL) Lucy O. Bidwell Notary Public, residing at Star Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Carl F. Elder, Registrar.

DEC 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942-120-029-168

361930

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City TROY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City TROY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) TROY IDAHO

4. FULL NAME OF CHILD HERMAN RUBERG

5. Date of Birth of Child (Month, day, year) JAN 20, 1893

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME GUSTAF RUBERG
11. Color or Race WHITE **12.** Age at time of THIS birth 31 yrs.
13. Birthplace VÄSTERGÖTLAND, SWEDEN. (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME CLARA JOHNSON
17. Color or Race WHITE **18.** Age at time of THIS birth 25 yrs.
19. Birthplace VÄSTERGÖTLAND, SWEDEN. (City or town) (State or foreign country)
20. Exact Occupation HOUSEKEEPER
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature MARGARET [illegible] M.D. Date Dec 7 42

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the UNCLE (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 49 years, and that ANNA BRITTA JOHNSON (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Swante Johnson Signature

TROY, IDAHO. P. O. Address

Subscribed and sworn to before me this 2nd day of December, 1942

(SEAL) [illegible] Notary Public, residing at Troy Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1942 by Maud F Elder, Registrar.

DEC 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-115046-433

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361934
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Our own home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Fredrick Earl Newman

5. Date of Birth of Child (Month, day, year) 4-15-1893

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Nathaniel Lorin Newman
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Grandon (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Henriette McCully
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Penetanguishene (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 49 years, and that Dr. Numbers (First name) ____ (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nathaniel Lorin Newman Signature

Midvale Idaho P. O. Address

Subscribed and sworn to before me this 1st day of April, 1942

(SEAL) J. Goodnight Notary Public, residing at Midvale Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1942 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263.109-029-443

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362005
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 5 1 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD John Baller

5. Date of Birth of Child (Month, day, year) May 9, 1893

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Frederick Baller
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Kandergrund Switzerland (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susanna Mutzenberg
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Kandergrund Switzerland (City or town) (State or foreign country)
20. Exact Occupation housework
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address none Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 49 years, and that none (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susanna Baller Signature

P. O. Address

Subscribed and sworn to before me this 8th day of September, 1942

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1942 by , Registrar.

NOTARY PUBLIC residing at Moscow, Idaho
My commission expires

DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-114-039-795

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362029
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No. -----
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No. -----
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Rockland

4. FULL NAME OF CHILD Ivan Pierce Barnard

5. Date of Birth of Child (Month, day, year) Dec. 19, 1893

6. Sex Male

7. Twin or Triplet ---

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Erastus Ransom Barnard

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Brigham City, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Irene Pierce

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Brigham City, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business xxxxx

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 49 years, and that Mrs. Wells (Midwife) (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Maud Rasmussen Signature

14547 Victory Blvd. Van Nuys, California Address

Subscribed and sworn to before me this 25th day of November, 19 42

(SEAL) F. C. Stahn Notary Public, residing at Van Nuys, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by Maud E. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-216-007-229

362182

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 362182
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine Co (b) City H. G. Riley
   (c) Street Address or R.F.D. No. Willow Creek Ranch
   (d) Name of Hospital or Maternity Home: Own home was above event to Hailey for birth
   (e) Mother's stay **BEFORE** delivery IN **THIS** county 11 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Willow Creek P.O. Carey Prairie
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) as above

4. **FULL NAME OF CHILD** Ivy Willson

5. Date of Birth of Child (Month, day, year) Dec 16 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Willson
11. Color or Race White American
12. Age at time of THIS birth 30 yrs.
13. Birthplace Dont Know (City or town) Minnesota (State or foreign country)
14. Exact Occupation Mining and
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sadie Armenta Spinner
17. Color or Race American
18. Age at time of THIS birth 23 yrs.
19. Birthplace Brownsville Penna (City or town) (State or foreign country)
20. Exact Occupation Housewife and
21. Industry or Business Writer of Poetry

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature. ..... M.D. Midwife Address ..... Date .....

State of California
County of Sacramento } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 49 years, and that Ida M Stelton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sadie Willson Brown Signature

1010 G - St. Sacramento P. O. Address

Subscribed and sworn to before me this 10th day of December 1943

(SEAL) Frances Harrigan Notary Public, residing at Sacramento California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3701, Idaho Code Annotated.) My Commission expires Sept. 9, 1945.

Received for filing on DEC 14 1943 by ..... Registrar.

DEC 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

851-120-040-219

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO Idaho

State File No. 363334
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kingston
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kingston
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho.

4. FULL NAME OF CHILD John Julian Heath

5. Date of Birth of Child (Month, day, year) 8-20-1893

6. Sex (Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Perry Heath

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace State of Penna (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Bailey

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace State of Penna (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 49 years, and that Unknown (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Newton E. Heath Signature

Myrtle, Ida. P. O. Address

Subscribed and sworn to before me this 17 day of Dec. 19 42

(SEAL) John L. Phillips Notary Public, residing at Lewiston Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-714, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Mabel Hedden, Registrar.

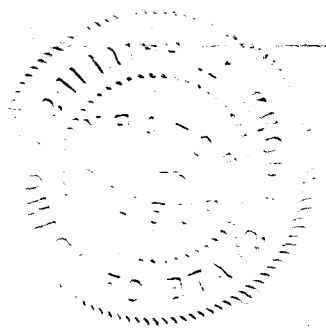
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



619-10-04-545

363367

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363367
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City
(c) ~~Street Address or R.F.D. No.~~ ON INDIAN CREEK
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Browning Warren

5. Date of Birth of Child (Month, day, year) 9-5-1893

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry William Warren
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Redruth (City or town), Cornwall (State or foreign country) England
14. Exact Occupation Miner
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Mae Emerson
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Janesville (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the a neighbor (Mother, etc.) but for parents at time of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 49 years, and that I came to this home when Browning Warren was two days old (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jeannie J. Beck Signature

1141 Fort St Boise Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of December, 1942

(SEAL) Elbert L Delana Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 23 1942 by [illegible], Registrar.

DEC 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-126-021 – 418

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363465
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Preston (b) City Mapleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Preston
(c) City Mapleton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Dead

4. FULL NAME OF CHILD Dewain Kent

5. Date of Birth of Child (Month, day, year) March 26, 1893

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME George Kent
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Bountiful (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Evelyn Melissa Day
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 48 years, and that Ellen (First name) Morgan (Last name), who attended this birth So Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Evelyn Kent Signature
Ashton Idaho P. O. Address

Subscribed and sworn to before me this 8 day of December, 19 42

(SEAL) Paul A Stone Notary Public, residing at Ashton Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by Mary Kreiger, Registrar.

DEC 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title ~~38, Idaho Code Annotated~~, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-164-007-415

363479

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BLAINE (b) City BELLEVUE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home in Bellevue, Idaho
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 47 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County BLAINE
(c) City BELLEVUE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD JOHN A. BRESHEARS (ANDREW)

5. Date of Birth of Child (Month, day, year) Nov. 4, 1893

6. Sex MALE **7.** Twin or Triplet NO If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME WESLEY FLETCHER BRESHEARS
11. Color or Race WHITE **12.** Age at time of THIS birth 24 yrs.
13. Birthplace JOPLIN, MISSOURI (City or town) (State or foreign country)
14. Exact Occupation SALOON KEEPER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ELIZABETH ANN DAVIES
17. Color or Race WHITE **18.** Age at time of THIS birth 18 yrs.
19. Birthplace RHYMNEY, WALES (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON
County of KING } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 49 years, and that MARY DAVIES (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth A Breshears Signature
206 West 87th St - Seattle P. O. Address

Subscribed and sworn to before me this 23d day of December, 1942

(SEAL) M.G. Ellis Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by Mabel E. Eaton, Registrar.

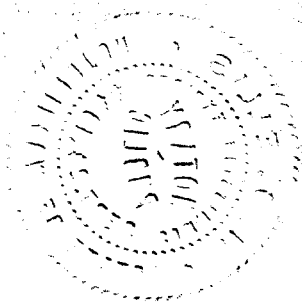
DEC 29 1942

JUL 29 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



318-128-021 318

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 3[illegible]502
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Near Franklin
(c) Street Address or R.F.D. No. No route then
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Near Franklin
(d) Street Address or R.F.D. No. No route then
(e) How long has **MOTHER** lived in Idaho Over 4 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Leslie William Taylor

5. Date of Birth of Child (Month, day, year) May 28, 1893

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Taylor
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace near Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Rose Taylor
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Farwest, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth and including this child~~ 2 (b) Born alive and now living 9-7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Weber } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 49 years, and that Dont know (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Edith Pearl Lund Signature

Ogden Ut R.F.D #3 P. O. Address

Subscribed and sworn to before me this 21 day of December, 1942

(SEAL) L. M. Malan Notary Public, residing at Ogden Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Sept. 12, 1945

Received for filing on DEC 28 1942 by Mary F. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-72 90 40 - 389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363545
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Bank St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jack Christopher Dunn

5. Date of Birth of Child (Month, day, year) May 29, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Robert Newton Dunn
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Wanaw (City or town) Missouri (State or foreign country)
14. Exact Occupation Attorney
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Cab Christopher
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Warrensburg (City or town) Missouri (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of SHOSHONE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 49 years, and that Dr. William Sims (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Myrta H. Dunn Signature

Wallace Idaho. P. O. Address

Subscribed and sworn to before me this AUG 25 1942 day of , 19

(SEAL) Notary Public, residing at Wallace Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1942 by , Registrar.

DEC 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-106028-569

363551

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rural
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Lake Creek
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Webster Alexander Morris

5. Date of Birth of Child (Month, day, year) Apr. 6 1893

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME William Henry Morris

11. Color or Race W

12. Age at time of THIS birth 31 yrs.

13. Birthplace Kansas (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Ewing

17. Color or Race W

18. Age at time of THIS birth 25 yrs.

19. Birthplace Iowa (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Wash. } ss.
County of King }

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 49 years, and that Dr. Witter (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie Belle Ewing Signature

316 Broadway, Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 17th day of December, 19 42.

(SEAL) Mildred L. Beardslee Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 4 1943 by ____ Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 4 1943

JAN 15 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

891-220 010-799

363633

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNEVILLE (b) City Idaho Falls
(c) Street Address or R.F.D. No. 5
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls.
(d) Street Address or R.F.D. No. 5
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls. Idaho

4. FULL NAME OF CHILD Lizzie Velette Hiatt

5. Date of Birth of Child (Month, day, year) Oct. 20-1893

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** David H. Hiatt
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace North Carolina. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret A. Pritchett
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Missouri. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. 4 (b) Born alive and now living. 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for all her life years, and that Mrs. Babell (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances Pearson Signature
405-1st Street Idaho Falls. Ida. P. O. Address

Subscribed and sworn to before me this 14 day of December, 1942

(SEAL) Clyde R. Fowler Notary Public, residing at Ogden Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1942 by Melvin [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815 219 045-714

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 303858

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mabel Susanna Haney

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? Yes
8. Date of birth 19 Feb 1893 (Month, Day, Year)

9. Full name of FATHER: James Peter Haney
10. Residence (usual place of abode) (If non-resident, give place and State) Montana
11. Color or race White 12. Age at last birthday ..... (years)
13. Birthplace (city or place) (State or country) Twin Falls Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Rancher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

18. Full maiden name of MOTHER: Harriet Sophia Garrett
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White 21. Age at last birthday ..... (years)
22. Birthplace (city or place) (State or country) Elgin Grove Utah Co Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Eyedrops
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Mrs Jig Garcia, Midwife
Address Idaho

Give name added from a supplemental report .....
(Date of)

Filed JAN 10 1943, 193.... Mark H. Ellen
Registrar.

Registrar.

JAN 12 1943

DELAYED

335-123003 3/5

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363934
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. W. Clark St.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. W. Clark St.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Ida.

4. **FULL NAME OF CHILD** Reginald Henry Cleare

5. Date of Birth of Child (Month, day, year) Nov. 23, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter H. Cleare
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace London (City or town) England (State or foreign country)
14. Exact Occupation Dry Goods Merchant
15. Industry or Business Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie ~~Clara~~ Lang
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Newport (City or town) R.I. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 75 years of age, that I have known this person for 49 years, and that F. J. H. Monde (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter H. Cleare Signature

Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 6th day of January 1943

(SEAL)

Notary Public, residing at Pocatello Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1943 by Registrar.

JAN 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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993-223-003-259 Mrs Ellen Hunt Barger (mid wife)

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

363974

County of Bannock

City of Downey - Nine mile

Registration District No. _____ File No. _____

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital Home

FULL NAME OF CHILD Sarah Ellen Richardson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	June 23 1893

FATHER		MOTHER	
FULL NAME	Charles Dawson Richardson	FULL MAIDEN NAME	Mary Amanda Knight
RESIDENCE	Downey or Nine Mile	RESIDENCE	Downey or Nine Mile
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Union Fort, Salt Lake County
OCCUPATION	buying & selling	OCCUPATION	housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Ellen H Barger

I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. I am a living witness to this birth at 6 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha Richardson Hancock Witness of attending Midwife who is now deceased

(Physician or Midwife) (Mrs Ellen Hunt Barger)

Address

Given names added from a supplemental report

JAN 14 1943, 19

Filed Jan 1943 by witness Martha Hancock

Registrar

Registrar

SYMS - YORK CO., INC. & SONS 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 15 1943

DELAYED

468-131035-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365272
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ PERCE (b) City LEWISTON
   (c) Street Address or R.F.D. No. -
   (d) Name of Hospital or Maternity Home: PARENTS HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County NEZ PERCE
   (c) City LEWISTON
   (d) Street Address or R.F.D. No. -
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** RAY MOHL

5. Date of Birth of Child (Month, day, year) MARCH 31, 1899

6. Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William C. MOHL
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace Hadersleben (City or town) Germany (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business AGRICULTURE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Frederickson
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace Langeland (City or town) Denmark (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the UNCLE (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 50 years, and that LENA LAURITSON (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl Frederickson Signature

Clarkston, Wn 939 Boulevard P. O. Address

Subscribed and sworn to before me this 14th day of January 1943

(SEAL) Notary Public, residing at Clarkston Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1943 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated, when such report is~~ accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States 553-201016-(Be sure the information is as of date of birth of THIS child) State File No. 365310
Department of Commerce 669 **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census **STATE OF IDAHO** Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Ida.

4. FULL NAME OF CHILD Ida Vee Nelson

5. Date of Birth of Child (Month, day, year) March 1, 1893

6. Sex Female **7.** Twin or Triplet -- If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Carl Christian Nelson
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Hjorring (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Emma Workman
17. Color or Race White **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Deep Creek, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for all her life years, and that Maude Warfield (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Emma Workman Nelson Signature
Heyburn, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of January, 19 43
(SEAL) A. Nelson Notary Public, residing at Burley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 25 1943 by Mary Fiedler, Registrar.

JAN 26 1948

JAN 21 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863 223.016-543

365386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365386
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Albion
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello Ida.

4. **FULL NAME OF CHILD** Clare Holcomb

5. Date of Birth of Child (Month, day, year) Aug. 23 1899

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Gwin Holcomb
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Claybourne Parish—Louisiana (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marietta Nutt ~~Holcomb~~
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Monmouth Illinois (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am an old friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for about 49½ years, and that Dr. R. T. Storey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hyrum H. Lewis Signature

Declo, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of January, 1943

(SEAL) E. Mark Hoag Notary Public residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1943 by Mabel F. Baldwin, Registrar.

FEB 5 1949

SEP 30 1953

FEB 24 1953

DEC 11 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464 122 003 386

365428

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello

4. FULL NAME OF CHILD LESTER KERWIN DOUGLAS

5. Date of Birth of Child (Month, day, year) June 22, 1893

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ralph Heber Douglas
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Ogden, Utah. U. S. A. (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Now Deceased

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Thomas
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Cardiff, Wales. England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Now Deceased

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known at that time.

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I ~~attended~~ was there at the birth of this child, who was Alive (Born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Evalyn D. Mischler (First name) (Last name), who is related to this child as Sister. (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Utah
County of Weber } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 49 years, and that Dr. Rooker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Evalyn D Mischler Signature

3065 Grant ave P. O. Address

Subscribed and sworn to before me this 26Th day of January, 1943

(SEAL) Olin A. Kennedy Notary Public, residing at Ogden Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1943 by Mark E. Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

523-219-064-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365445
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Idaho

4. FULL NAME OF CHILD Erica Eschler

5. Date of Birth of Child (Month, day, year) July 19, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Eschler

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Burns (City or town) Switzerland (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business Building

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Amanda Schultz

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Saltzwedel, Germany (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 49 years, and that Mrs. (First name) Bridges (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Walter Eschler Signature

R.F.D.#1, Rigby, Idaho P. O. Address

Subscribed and sworn to before ~~me~~ this 26th day of January, 19 43

(SEAL) Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1943 by ..... Registrar.

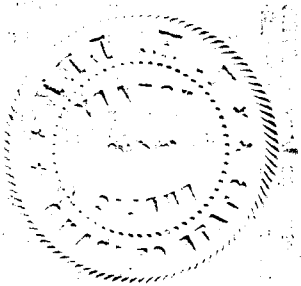
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



696 126 014 255

365503

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Idaho

4. FULL NAME OF CHILD Henry Franklin Froman

5. Date of Birth of Child (Month, day, year) 4-26-1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? ye

FATHER OF CHILD

10. FULL NAME Isaac Sterling Froman
11. Color or Race white
12. Age at time of THIS birth not known yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susie Elizabeth Keeney
17. Color or Race white
18. Age at time of THIS birth not known yrs.
19. Birthplace Pineville (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for since 1893 years, and that Not known (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Harry H. Froman Signature
Caldwell, Idaho. P. O. Address

Subscribed and sworn to before me this 27th day of January, 1943.

(SEAL) Emma E. Thompson Notary Public, residing at Caldwell,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1943 by Mark H. Kelly, Registrar.

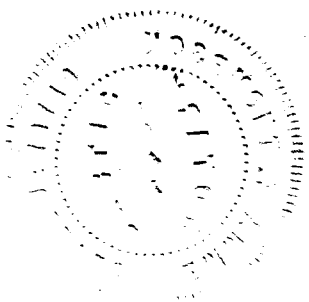
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



449-114009-749

365516

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Kootenai now~~ Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 5 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Kootenai now~~ Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 1/5 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint, Idaho

4. FULL NAME OF CHILD Leo Harvey Murphy

5. Date of Birth of Child (Month, day, year) July 14, 1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Edward Murphy
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Telegraph Operator for
15. Industry or Business N. P. Railway Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Purdy
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Bath New York (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Julia (First name) McRae (Last name), who is related to this child as midwife (Mother, etc.)

25. Attendant's OWN signature Julia McRae XMR. Midwife Address Sandpoint, Idaho Date 7/8/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 3 6 1943 by Mabel H. Fedder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by the local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413 124 030 6-73

365858

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 12 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) 4 years

4. FULL NAME OF CHILD Albert John Mathews

5. Date of Birth of Child (Month, day, year) 6/24/93

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Albert John Mathews

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Bath, England (City or town) (State or foreign country)

14. Exact Occupation Printer

15. Industry or Business Printing

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Withington

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Baker (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Blood Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 49 years, and that St. George Kenney (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herman J. Withington Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of February, 1943

W. W. Simmonds, Clerk of the District Court, Lemhi County (SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

By Freda Reed Deputy

Received for filing on FEB 12 1943 by Mabel V. Keller, Registrar.

FEB 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, ~~or by~~ Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

968-101-022-619

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365926
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Salem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ~~19~~ years 2 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Salem
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Salem, Ida.

4. FULL NAME OF CHILD William Heber Roylance

5. Date of Birth of Child (Month, day, year) Sept. 1, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Heber C. Roylance
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Springville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Jane Ward
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 49 years, and that Mrs. Wally (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice J. Roylance Signature
Rexburg R.D. #1, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of December, 1940

(SEAL) D. W. Smith Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1943 by Mabel F. Felch, Registrar.

FEB 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or ~~some~~ person having direct knowledge in the premises.

951-207-004-396

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 365976
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Dingle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Dingle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dingle Idaho

4. **FULL NAME OF CHILD** Ida Nora Ream

5. Date of Birth of Child (Month, day, year) June 7- 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Dewine Ream
11. Color or Race White
12. Age at time of THIS birth 33½ yrs.
13. Birthplace Chariton (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer and Stock raiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Ellen Crockett
17. Color or Race White
18. Age at time of THIS birth 30 5/12 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Nora E.C. Ream (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for all her life years, and that Jane (First name) Sparks (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Ellen Crockett Ream Signature

My Commission Expires June 10, 1946

929 Gaviota Ave. Long Beach California P. O. Address

Subscribed and sworn to before me this 26 day of February, 1943

(SEAL) Martha R. Eldridge Notary Public, residing at Long Beach Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1943 by Mary F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

192-21-1008-434

366007 366007

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366007
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City on ranch
(c) ~~Street~~ Address or R.F.D. No. Caldwell, Idaho
(d) Name of Hospital or Maternity Home: Ranch house on Willow Creek
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years - months - - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Ranch on Willow Creek
(d) Street Address or R.F.D. No. Caldwell, Idaho
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) same as mother

4. FULL NAME OF CHILD Agnes Helen Aikman

5. Date of Birth of Child (Month, day, year) May 17, 1893

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Fairbairn Aikman
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Galashields (City or town) Scotland (State or foreign country)
14. Exact Occupation Rancher and Sheepman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary McMillan
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace The Caldens (City or town) Scotland (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho }
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 49 years, and that Dr. (First name) Maxy (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas McMillan Signature

c/o Idanha Hotel, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1943

(SEAL) Esther W. Livingston Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 23 1943 by Mary F. Elder, Registrar.

FEB 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-210025-265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306146
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County (Territory) (b) City Grangeville
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN THIS county 10 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County (Territory)
(c) City Grangeville
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho (same)

4. **FULL NAME OF CHILD** LOTTIE MUREL CHASE

5. Date of Birth of Child (Month, day, year) Dec. 10, 1893

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Chase
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Marion Co. (City or town) Oregon, (State or foreign country) U.S.A.
14. Exact Occupation Farmer
15. Industry or Business Owner of farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Bonebrake
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Marshfield, (City or town) Coos Co., Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for over 49 years, and that (Midwife) (First name) Mrs. Gook (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Bonebrake Wallace Signature

129 So. Flower St. Los Angeles, California, P. O. Address

Subscribed and sworn to before me this 18th day of February, 19 43

(SEAL) Marva Weede (Marva Weede) Notary Public, residing at Los Angeles, California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 23 1943 by Maud F Elder, Registrar.

FEB 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815 208 003 319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367183
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Cleveland
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Cleveland
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Cleveland Ida.

4. FULL NAME OF CHILD MARY EMELINE HANSEN

5. Date of Birth of Child (Month, day, year) March 8 1893

6. Sex Female

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ole Hansen
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Orritslar (City or town) Odensey Fyn Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Larsen
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Logan Utah (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Ida ho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 74 years of age, that I have known this person for fifty years, and that Charlotte Walton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Emma Hansen Signature

Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of February, 1943.

(SEAL) [signature] Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-913 Idaho Code Annotated)

Received for filing on FEB 25 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

625-107 001-954

367201

367201

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367201
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 10 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state) deceased 1937

4. FULL NAME OF CHILD Edgar Allen Obenchain

5. Date of Birth of Child (Month, day, year) Dec. 7, 1893

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Obenchain
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace La Porte (City or town) Colorado (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Cathrine Zemmer
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Coffeeville (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Lydia Cathrine Obenchain (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Dr. Bowers (deceased) M.D. Midwife Address Date

State of IDAHO } ss.
County of ADA }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 48 years, and that Dr. Bowers (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia Cathrine Obenchain
Signature

Ketchum, Idaho
P. O. Address

Subscribed and sworn to before me this 25th day of April, 19 42.

(SEAL)

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 - 1943 by Mary H. Ledy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 8 1976

MAR 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367332
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Cottonwood
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho.
   (c) City Cottonwood
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** ROSE BELL BLACKBURN

5. Date of Birth of Child (Month, day, year) April 17- 1893

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William W. Blackburn
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace North Carolina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cornelia Howell
17. Color or Race White 18. Age at time of THIS birth 38 yrs.
19. Birthplace North (City or town) Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of ~~children of this mother: (a) At time of birth~~ and including this child 9 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Bessie (First name) Crawford. (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 5-9 years of age, that I have known this person for 5-0 years, and that Virgil W. Turner (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Crawford Signature

North Bend Wash. P. O. Address

Subscribed and sworn to before me this 18 day of February 19 43

(SEAL) Notary Public, residing at North Bend

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1943 by Mary F Eddie, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

384-220-014-494

367579

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367579
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: at residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Payette
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Ida

4. **FULL NAME OF CHILD** Helen Thurston

5. Date of Birth of Child (Month, day, year) Mar. 20, 1893

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Samuel Thurston
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Argyle, Lafayette Co, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Pharmacist, Drugstore Owner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lizzie Middleton
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Argyle, Lafayette Co. Wis (City or town) (State or foreign country)
20. Exact Occupation Teacher- Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Nevada
County of Washoe } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 49 years, and that George (First name) W. Stephenson (Last name) M.D., who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ralph V. Thurston Signature

530 Univ. Ave., Reno, Nevada P. O. Address

Subscribed and sworn to before me this 4th day of March, 1943

(SEAL) Adelaide M. Steiner, Notary Public, residing at 333-12th St Sparks, Nev.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires on April 10, 1944

Received for filing on MAR 9 - 1943 by Mabel Fell, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-209-009-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367785
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Hope
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Hope
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? - yrs.

3. **RESIDENCE OF FATHER** (city, state) Hope, Idaho.

4. **FULL NAME OF CHILD** Lura Annettie Collier

5. Date of Birth of Child (Month, day, year) 3/9/1893

6. Sex Female

7. Twin or Triplet - If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Jefferson Collier
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Kentucky (City or town) (State or foreign country)
14. Exact Occupation brakeman
15. Industry or Business Northern Pacific Ry.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Paulina File
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Quincy (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Wash. } ss.
County of King }

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 50 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dona Collier Ryan Signature
6717 Sycamore A. Seattle Wash. P. O. Address

Subscribed and sworn to before me this 8 day of March, 1943

(SEAL) C. R. Hammer, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-220-01452

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367859
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City near Payette
   (c) Street Address or R.F.D. No. —
   (d) Name of ~~Hospital~~ or ~~Maternity~~ Home: Giesler home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City near Payette
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? Eleven yrs.

3. **RESIDENCE OF FATHER** (city, state) near Payette, Idaho

4. **FULL NAME OF CHILD** Edna Jewel Giesler

5. Date of Birth of Child (Month, day, year) July 20 - 1893

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Cooper Giesler
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Terra Haute (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Mc. Kern
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace near Portland (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ella Mc. Kern (First name) Giesler (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Payette } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 49 years, and that Mrs. Cordelia (First name) Guild (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Mc Kern Giesler Signature

Box 90, Fruitland, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1943

(SEAL) W. A. McClure, Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 8 - 1943 by Mabel H. Holden, Regist

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 22 1943

MAR 7 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395 209 044 776

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367914
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Indian Valley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Indian Valley
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Indian Valley Idaho

4. **FULL NAME OF CHILD** Maggie May Linder

5. Date of Birth of Child (Month, day, year) Dec 9 1942

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate yes

FATHER OF CHILD

10. **FULL NAME** John William Linder
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Kirksville, Missouri (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlotte Jane Grosclose
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Des Moines (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Pend Oreille }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 28 years of age, that I have known this person for 29 years, and that Sarah Carrel (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charlotte Jane Grosclose Linder Signature
Nespelem Wash. P. O. Address

Subscribed and sworn to before me this 17th day of March, 19 43.

(SEAL)

Francis F. McClure, Notary Public, residing at Nespelem, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-28-007-364

369062

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAR 24 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Hailey
   (c) Street Address or R.F.D. No. On ranch
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No. Ranch
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hailey, Idaho

4. **FULL NAME OF CHILD** Minnie Sylvania Sanders

5. Date of Birth of Child (Month, day, year) April 18, 1893

6. Sex female

7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joel Sanders
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Courtney
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Washington (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Gooding } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the older sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 50 years, and that Mrs. Alice Mink (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Sanders Thompson Signature

Bliss, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of March, 19 43.

(SEAL) M. E. Lyon, Notary Public, residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1943 by Maud E. Eden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-223-040-215

369329

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wallace, Idaho.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: 2
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wallace
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) As above.

4. **FULL NAME OF CHILD** Ruth Kellogg Waite

5. Date of Birth of Child (Month, day, year) Jan. 23, 1893.

6. Sex F.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Kellogg Waite

11. Color or Race W

12. Age at time of THIS birth 34 yrs.

13. Birthplace Norwich (City or town) New York (State or foreign country)

14. Exact Occupation Mining

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice May Bunyard

17. Color or Race W

18. Age at time of THIS birth About 16 yrs.

19. Birthplace San Francisco (City or town) Cal. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Minnesota
County of Hennepin } ss.

I, the undersigned, being first duly sworn, say that I am the paternal uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for about forty years, and that the physician + nurse (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Continued on attached page)

Edward F. Waite Signature

2009 Queen Av. S. P. O. Address

Minneapolis, Minn.

Subscribed and sworn to before me this 29 day of March, 1943.

JOSEPH P. GEIS
Notary Public, Hennepin County, Minn.
My Commission Expires May 3, 1943

(SEAL)

Joseph P. Geis, Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1943 by Mary F. Eldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

The father of this subject was my brother. He died in 1902. Her mother died in 1935. There are no family records showing details as to this birth, nor is any person available who recalls them. I knew by correspondence with my brother when his children were born, but have no record or memoranda. I first saw the subject soon after her father's death, when she and her mother visited me in Minneapolis. — I have in my possession a Genealogy of the descendants of Nathaniel Foote, of Wethersfield, Conn., published in 1907. On p. 198 it shows the birth of the subject Jan. 23, 1893, but does not show the place. I know the place by family tradition.

Edward E. Watts

DISTRICT COURT
EDWARD F. WAITE, JUDGE

MINNEAPOLIS, MINN.

545-118-275-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369399
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Genesee
   (c) Street Address or R.F.D. No. R 0
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Genesee
   (d) Street Address or R.F.D. No. R 0
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** William Roy Emerson

5. Date of Birth of Child (Month, day, year) Sept. 18, 1893

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Riley Emerson
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace State of One. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business U

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Anderson
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace State of Calif. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business U

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Nez Perce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 49 years, and that Mrs. Walzer, dead, (First name) (Last name), who attended this birth dead. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Emerson Signature
Genesee, Ida. P. O. Address

Subscribed and sworn to before me this 31 day of March, 1943

(SEAL)

John L. Phillips, Notary Public, residing at Lewiston Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1943 by Mary F Eddon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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962-121-001-394

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369440
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. North 12th Street
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. North 12th Street
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Jere W. Robinson, Jr.

5. Date of Birth of Child (Month, day, year) Feb. 21, 1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jeremiah William Robinson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace McLean County, Kentucky (City or town) (State or foreign country)
14. Exact Occupation Chief Clerk, U.S. Assay Office
15. Industry or Business U.S. Treasury Dept.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Ella Cruson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Wooster, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 50 years, and that Dr. Lewis Bower (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Jere W Robinson — Signature

122 So. Jackson St., Glendale, Calif. — P. O. Address

Subscribed and sworn to before me this 31st day of March 1943

My Commission Expires Jan. 31, 1945 (SEAL) Peggy [illegible] Coates Notary Public, residing at 6 No. First Arcadia, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1943 by Mabel F. Felder, Registrar.

APR 8 1949
(2 Copies)

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter ~~191, 1911 Session Laws, has not been recorded,~~ or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



491-202-029-386

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369624
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Maria Agnes Dial

5. Date of Birth of Child (Month, day, year) June 2 1893

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lewis Henry Dial
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Manhattan (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ida Thompson
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Dial (First name) (Last name), who is related to this child as mother. (Mother, etc.)

25. Attendant's **OWN** signature Mrs Mary Ida Dial M.D. Midwife Address Garfield Wash. Date 4-12-43

State of Oregon
County of Jackson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 49 years, and that Anna Thompson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Expires Jan 24-1946 Mrs Mary Ida Dial Signature

P. O. Address

Subscribed and sworn to before me this 12th day of April, 1943

(SEAL) Notary Public, residing at Rogue River Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 19 1943 by Maud Fielder, Registrar.

NOV 15 1973

APR 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



235 108036-1695

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370798
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Marion George Stephens

5. Date of Birth of Child (Month, day, year) May 8 1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Stephens
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Wales (City or town) (State or foreign country)
14. Exact Occupation Rail Road
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah B Winn
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Richmond Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6th

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Family record (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Franklin }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for All life years, and that Mrs Swan (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosella Winn Signature

P. O. Address

Subscribed and sworn to before me this 27 day of April, 19 42

(SEAL)

Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1943 by Mark E Taylor, Registrar.

APR 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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371070

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371070
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 16 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Engel Andy Knutson

5. Date of Birth of Child (Month, day, year) Mar. 4, 1893

6. Sex Male Twin or Triplet No If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Stener Knutsen
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business 11

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Peterson
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business 11

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife Address ..... Date .....

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 50 years, and that Unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

O. E. Knutson Signature
Lewiston, Ida. P. O. Address

Subscribed and sworn to before me this 29 day of Apr., 1943

(SEAL) John H. Phillips Notary Public, residing at Lewiston Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1943 by Mary Fielder, Registrar.

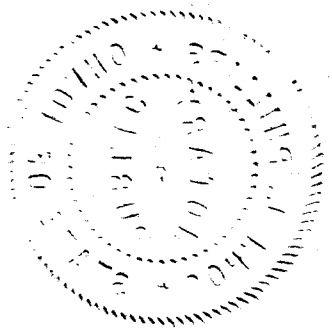
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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371200 371200

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Mackay
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Mackay
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Custer County, I

4. **FULL NAME OF CHILD** Allan Boaz Lambson

5. Date of Birth of Child (Month, day, year) Dec. 18, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred B. Lambson
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Salte Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia Eveline De Witt
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Provo, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 56 years, and that Jennie (First name) Houston (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

×Alfred B Lambson Signature

P. O. Address

Subscribed and sworn to before me this 22 day of May, 1943

(SEAL)

Notary Public, residing at Mackay, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Aug 1, 1945

Received for filing on MAY 28 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

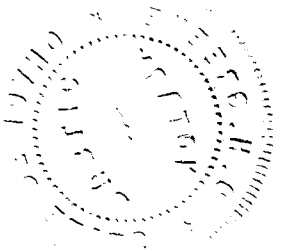
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MAY 2 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371256
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at her own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad Idaho

4. **FULL NAME OF CHILD** James V. Jones

5. Date of Birth of Child (Month, day, year) Oct. 23 1893

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Henry Jones
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Willard (City or town) Utah (State or foreign country)
14. Exact Occupation musician
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Bush [redacted]
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Oneida } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for — 49 — years, and that John (First name) Richter, M.D. (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), and that I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rhoda V. Bush Signature
Malad Cy, Ida. P. O. Address

Subscribed and sworn to before me this 20th day of May, 1943

(SEAL)

Jas. P. Jones Notary Public, residing at Malad Cy, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 17 1943 by Mavel Fielding, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 17 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



141-202025-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371268
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Westlake
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Westlake
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 10 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Westlake, Idaho

4. **FULL NAME OF CHILD** Lulu Hazel Adams

5. Date of Birth of Child (Month, day, year) September 2, 1893.

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd First

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Franklin Adams
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Roseburg, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Viola Seifert
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace McMinnville, Oregon (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Viola Adams (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Nez Perce } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 49 years, and that Dr. John B. Blake (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Viola Adams Signature

Gen. Delivery, Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of May, 1943

(SEAL)

John L. Phillips, Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 17 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 17 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

142-17-003-243

372485

United States Department of Commerce Bureau of the Census

JUN 1 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 372485
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Cleveland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Cleveland.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cleveland Ida

4. **FULL NAME OF CHILD** Ernest Butler Austin

5. Date of Birth of Child (Month, day, year) Mar. 27, 1893.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William McTyre Austin
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Patence Butler
17. Color or Race White.
18. Age at time of THIS birth 34 yrs.
19. Birthplace Spanish Fork Ut. (City or town) (State or foreign country)
20. Exact Occupation Farmer.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bannock County } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 50 years, and that (First name) (Last name), who attended this birth X (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm Smith Signature

P. O. Address

Subscribed and sworn to before me this 14 day of May, 1943

(SEAL)

Ariel L. Eisenman Notary Public, residing at Cleveland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN JUN 1 1943 by Maud Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

931-228-036-165

372531

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years 10 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Idaho

4. **FULL NAME OF CHILD** Elizabeth McAllister

5. Date of Birth of Child (Month, day, year) October 28, 1893

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John H. McAllister
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Lincoln (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eleanor Jones
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 49 years, and that Dr. Drake (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret E Peterson Signature

Malad, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of May, 1943.

(SEAL) John H. McAllister Jr. Notary Public residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Clerk of District Court

Received for filing on JUN - 3 1943 by Mary H Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

359-212-215-339

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 3 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372564
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: Parents Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Caribu
(c) City Soda Springs
(d) Street Address or R.F.D. No. Gen Del.
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city) Soda Springs Idaho

4. FULL NAME OF CHILD Reena Terry

5. Date of Birth of Child (Month, day, year) 4/12/1893

6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate yes

FATHER OF CHILD

10. **FULL NAME** Charley Terry
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Farmington Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hanna May Clifford
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Coventry England (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Caribou } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 50 years, and that Lima (First name) Goodhart (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Lauritsen Signature

Soda Springs, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of June, 1943.

(SEAL) [illegible] Notary Public, residing at Soda Springs Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1943 by Mark F Felder, Registrar.

JUN 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-230-016-789

372573

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAY 26 1943

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CASSIA (b) City ALBION
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: FAMILY RESIDENCE
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CASSIA
   (c) City ALBION
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) ALBION IDA.

4. **FULL NAME OF CHILD** ILA MAY BRIM [redacted]

5. Date of Birth of Child (Month, day, year) SEPT. 30-1893

6. Sex GIRL

7. Twin or Triplet TWIN If so—born 1ST. 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GEORGE VANESS BRIM
11. Color or Race WHITE
12. Age at time of THIS birth 51 yrs.
13. Birthplace CHILLI (City or town) ILLINOIS (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business STOCK RAISER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ADA IRENE PHIPPEN
17. Color or Race WHITE
18. Age at time of THIS birth 43 yrs.
19. Birthplace RAYNESVILLE (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for years, and that MRS. HOWELL (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lottie B. Bach Signature

Oakley Idaho P. O. Address

Subscribed and sworn to before me this 22 day of May, 1943

(SEAL) C. Larson Notary Public, residing at Oakley Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 7 1943 by Mary F Eden, Registrar.

JUN 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

37 W 53 372653

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372653
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. Main St.
(d) Name of Hospital or Maternity Home: Residence - No street number
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No 337-St. John Way
(e) How long has **MOTHER** lived in Idaho? 64 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston, Idaho

4. FULL NAME OF CHILD George G. Thiessen

5. Date of Birth of Child (Month, day, year) 5-15-1893

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John David Chris (J. D. C.) Thiessen
11. Color or Race white **12.** Age at time of THIS birth 49 yrs.
13. Birthplace Denmark (Schleiswig-Holstein) (City or town) (State or foreign country)
14. Exact Occupation Farmer and stockman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Marie Christen
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Chicago, Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for years, and that Dr. Kelley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie Thiessen Signature
Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of April, 1943.

(SEAL) Mary Howard Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1943 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-226-501-695

37 26 N 372675

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH

STATE OF IDAHO

(Meridian Later)

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City La Hunter
   (c) Street Address or R.F.D. No.....
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county xxx years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City La Hunter, later Meridian.
   (d) Street Address or R.F.D. No.....
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) La Hunter, Id Idaho.

4. **FULL NAME OF CHILD** ELLEN JANE COMPTON

5. Date of Birth of Child (Month, day, year) 12/6/1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** FREDERICK WILLIAM COMPTON, M. D.
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace Henry Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation Physician
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARTHA ELLEN FINNELL
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace Marshall, (City or town) Missouri. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 49 years, and that Frederick W. (First name) Compton, M. D. (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James R Compton Signature

Boise Idaho P. O. Address

Subscribed and sworn to before me this 6 day of July, 1943

(SEAL) Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 - 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1943

OCT 22 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-723029-355

374109

United States Department of Commerce Bureau of the Census

JUN 25 1943

(Be[illegible] the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this b[illegible]
   (a) County (b) City Joel
   (c) Street Address or R.F.D. No. R F D Joel Idaho
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1893 months Nov. days 23

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City R F D Joel Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Joel Idaho

4. **FULL NAME OF CHILD** Getahel Gradem Bundy

5. Date of Birth of Child (Month, day, year) Nov. 25, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harlow E Bundy
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Lee
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Cowlitz Washington (City or town) (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as Mary Jane Bundy (Mother, etc.)

25. Attendant's **OWN** signature Lizzie Hobart M.D. Midwife Address Date

State of Washington
County of Whatcom } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above that I am now 75 years of age, that I have known this person for 49 years, and that Lizzie (First name) Hobart (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mary Jane Bundy Signature

864 Maple St Bellingham P. O. Address

Subscribed and sworn to before me this 23 day of June, 19 43

(SEAL) Bertha Medbraden, Notary Public, residing at Bellingham

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-209 012 434

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374224
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Butte (b) City Arco
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Arco
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.
(f) Mother's mailing address mother is dead

3. **RESIDENCE of FATHER** (city, state): Father dead

4. **FULL NAME OF CHILD** Hazel Belle Hurst

5. Date of Birth (Month, day, year) May 9-1893

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mark Hurst
11. Color or Race White
12. Age at time of THIS birth [illegible] yrs.
13. Birthplace Joplin (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer and Stockman
15. Industry or Business Stockraising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nina McDougall
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Cape Britain Island, Nova Scotia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 2 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 2 - 1943 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Idaho }
County of Butte } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ora Wells, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Hazel Belle Hurst Elliott (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Peter Anderson (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Ora Wells Signature
Arco Idaho P. O. Address

Subscribed and sworn to before me on this 5th day of June 1943.

(SEAL) Alice A. Yost Notary Public, residing at Carey, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

693-106 007 262

374256

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Ida

4. FULL NAME OF CHILD Lawrence Felix Wilson

5. Date of Birth of Child (Month, day, year) Oct. 6, 1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9mos

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Henry Wilson
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Lennoxville (City or town) Canada (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Bosewell
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Eastwood (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of CALIFORNIA } ss.
County of SAN DIEGO }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 49 years, and that midwife (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise Wilson, Signature
P.O. Box 55, Bostonia, Calif P. O. Address

Subscribed and sworn to before me this 28 day of June, 1943.
(SEAL) R. P. Flournoy Notary Public, residing at El Cajon, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 — 1943 by Mabel Field, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943
JUL 7

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-204029-154

374358

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. RFD #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
[redacted] Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. RFD #2
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** Ida Caroline Olson

5. Date of Birth of Child (Month, day, year) May 4, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lewis Gust Olson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ostmark (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Anderson
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Ostmark (City or town) Sweden (State or foreign country)
20. Exact Occupation Farmers wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 50 years, and that Mrs Iver Johnson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lewis Gust Olson Signature

Troy Ida P. O. Address

Subscribed and sworn to before me this 3 day of July, 1943.

(SEAL) [illegible] Notary Public, residing at Troy Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 - 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375675
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTENAI (b) City Coeur d' Alene
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: AT FARM HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Yes years 22 and months 16 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County KOOTENAI
   (c) City COEUR D'ALENE
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 2 years 6 months

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** LOIS AUSTIN BACK

5. Date of Birth of Child (Month, day, year) MAY 17, 1893

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FRANK HENERY BACK
11. Color or Race White-American
12. Age at time of THIS birth 28 yrs.
13. Birthplace NEW ELM (City or town) MINNESOTA (State or foreign country)
14. Exact Occupation ENGINEER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** IDA MAY RUSK
17. Color or Race WHITE-AMERICAN
18. Age at time of THIS birth 22 yrs.
19. Birthplace ALEXANDRIA (City or town) MINNESOTA (State or foreign country)
20. Exact Occupation SALES WOMAN
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (1) (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Clallam }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for Since Birth years, and that Mrs. Lois Brock (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Rusk Back Signature
R.F.D. 3 & C.S. Brock P. O. Address Port Angeles. Wash.

Subscribed and sworn to before me this 20th day of July, 1943.

(SEAL) ____ Notary Public, residing at Port Angeles, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1943 by Mabel Helder, Registrar.

JUL 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-22-1030-493

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 375721

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon
   (c) Street Address or R.F.D. No. R.F.D.#1
   (d) Name of Hospital or Maternity Home: Neither; at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon
   (d) Street Address or R.F.D. No. R.F.D.# 1
   (e) How long has **MOTHER** lived in Idaho? Ten yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon, Idaho

4. **FULL NAME OF CHILD** Crystal May Lee

5. Date of Birth of Child (Month, day, year) May 21, 1893

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Douglas Lee
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Michigan Town, Indiana (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Same as 14

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Elizabeth Richert
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace San Fransisco, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same as 20

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used at this time.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho, County of Lemhi } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 50 years, and that Mrs. Steve Manfull (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline E Lee Signature

Salmon P. O. Address

Subscribed and sworn to before me this 10th day of August, 1943

(SEAL)

Wm. F. Eakle, Notary Public, residing at Salmon, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 16 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 16 1948

NOV 15 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-225-028-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375817
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenay (b) City Mica Bay
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenay
   (c) City Mica Bay
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mica Bay, Idaho

4. **FULL NAME OF CHILD** Cathern Niella Warner

5. Date of Birth of Child (Month, day, year) Jan 25th 1893

6. Sex Female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) single

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Orin Henry Warner
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Wasseon, (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Luella Johnson
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Butler County (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Keeping House

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Oregon
County of Morrow } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 50 years, and that Mrs. Bothwell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Luella Warner Signature
Boardman, Oregon P. O. Address

Subscribed and sworn to before me this 10th day of July, 1943.

(SEAL)

Robert Harwood, Notary Public, residing at Boardman Oregon Morrow County

NOTARY PUBLIC FOR STATE OF OREGON
MY COMMISSION EXPIRES NOV. 6, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1943 by Ivy F Eddy, Registrar.

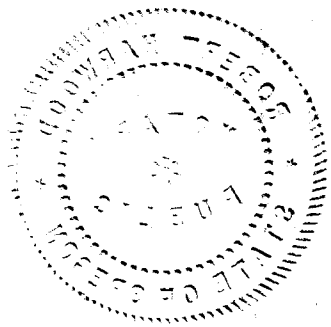
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



764-25-0032-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375832
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Smoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Wyoming (b) County Lincoln
   (c) City Smoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? — yrs.

3. **RESIDENCE OF FATHER** (city, state) Smoot Wyo.

4. **FULL NAME OF CHILD** Rose Hannah Gomm

5. Date of Birth of Child (Month, day, year) Feb 25, 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles E. Gomm

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace Enslow Oxfordshire England (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Sophia Peters

17. Color or Race white

18. Age at time of THIS birth 24 yrs.

19. Birthplace Midvale Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

DeClard

State of Idaho
County of Lemhi } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother-in-law (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 57 years, and that Mary Ellen (First name) Meacham (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy M. Porter Moffett Signature

P. O. Address

Subscribed and sworn to before me this 2nd day of August, 1943

(SEAL)

Jerry W. Tucker Notary Public, residing at Bushy, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 5 1943 by Mabel F Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1942

MAY 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-206-004-747

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 375866
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City St Charles
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: family home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City St Charles,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 75 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary Hortense Keetch

5. Date of Birth of Child (Month, day, year) Feb. 6, 1893

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elijah Charles Keetch
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace St Charles, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming & Stock-raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Staniforth Pugmire
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace St Charles, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:00 M. on the date and at the place stated above, and that personal particulars were furnished by Annie Staniforth Pugmire Keetch (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 50 years, and that Annie (First name) Laker (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie L. P. Keetch Signature

St Charles, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of August, 1943

(SEAL)

Notary Public, residing at Paris, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1943 by Mary E. Felton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-114-2 40-633

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 375903
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wallace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wallace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Walter Glacior Stone

5. Date of Birth of Child (Month, day, year) Jan. 14 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Allen Stone
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace St Johnbury (City or town) Vermont (State or foreign country)
14. Exact Occupation Working on Rail Road
15. Industry or Business laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie A Ott
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2d (b) Born alive and now living 1st dead

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Minnie A Stone (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington
County of Chelan } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 50 years, and that Mrs. Steel (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie A Stone Signature

Chelan Wash P. O. Address

Subscribed and sworn to before me this 4th day of August, 19 43

(SEAL) W M Emerson, Notary Public, residing at Chelan, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1943 by Maud F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



453-105-004-058

376099

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier,
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At ~~time of~~ this birth)
   (a) State Idaho, (b) County Bear Lake,
   (c) City Montpelier, Idaho.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Idaho

4. **FULL NAME OF CHILD** Andrew John Wells,

5. Date of Birth of Child (Month, day, year) 2/5/1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Joseph Wells,
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Hamburg, Germany (City or town) (State or foreign country)
14. Exact Occupation DEnginer on O. S. L. Ry.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susanne Schmit
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Luxumberg, Germany. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know name of drug.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Utah. } ss.
County of Weber, }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for all his life. ~~xxx~~s, and that Dr. C. A. Hoover, (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x John J. Wells Signature

650 28th st. Ogden, Utah. P. O. Address

Subscribed and sworn to before me this 13th day of August, 1943

(SEAL) My C[illegible] June 2[illegible] 1944 S. E. Hinckley, Notary Public, residing at Ogden, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 18 1943 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 19 1913

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268-11-02-389

376043

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Park
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Park P.O.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Park, Idaho

4. FULL NAME OF CHILD Edgar Oliver Bohn

5. Date of Birth of Child (Month, day, year) Oct. 19, 1893

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oscar Bohn
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Christensen
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Christiana Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Clearwater }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 49 years, and that Mrs. Detterberg (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

* Axel Morris Bohn Signature
Headquarters, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of December, 1942.

(SEAL) Carroll E. Brack Notary Public, residing at Orofino, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 19 1943 by Mabel E Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-202-014-669

377305

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 377305

State File No. 377305
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Elsie Wilson

5. Date of Birth of Child (Month, day, year) Sept 2, 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Conda Alford Wilson
11. Color or Race
12. Age at time of THIS birth 24 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Salesman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Willie B Forbes
17. Color or Race
18. Age at time of THIS birth 19 yrs.
19. Birthplace Texas (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for life years, and that Mrs. Richardson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Willie B Carpenter Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 27 day of Sept., 19 43

(SEAL)

Eunice Cardine, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 27-1943 by Mary M. Parker, Registrar.

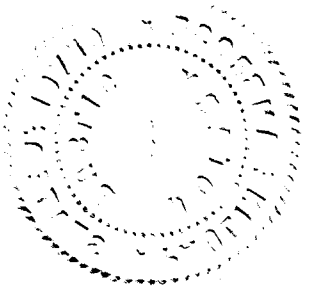
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



343-20-6-28-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377315
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai now Bonner (b) City Albeni Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: IN THIS county 1 years 10 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Albeni Falls now Bonner
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Albeni Falls, Idaho

4. FULL NAME OF CHILD Edna Luce

5. Date of Birth of Child (Month, day, year) Nov. 6, 1893

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Francis Herman Luce
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Washington (City or town) Minnesota (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Agnes Griggs
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Madison (City or town) South Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Francis (First name) Luce (Last name), who is related to this child as Father (Mother, etc.).

25. Attendant's OWN signature No Doctor in attendance M.D. Midwife Address Date

State of IDAHO, County of Bonner. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 49 years, and that Mrs. Charles (First name) Carter (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Francis Herman Luce Signature

Priest River, Idaho P. O. Address

Subscribed and sworn to before this 9th. day of August, 19 43.

(SEAL) Notary Public, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 27 1943 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345-230-030-854

377451

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Junction
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Sarah Stroud's home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Junction
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Junction Ida.

4. **FULL NAME OF CHILD** Flora Gertrude Tingley

5. Date of Birth of Child (Month, day, year) Oct. 30, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Verner Simpson Tingley
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Greencastle (City or town) Indiana (State or foreign country)
14. Exact Occupation Master Mechanic
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Georgia Abbigail Reddington
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Duquoin (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 49 years, and that Lizzie (First name) Yeariam (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Sarah Reddington Stroud Signature

10906 Lake Rd., Apt. 7690 Vanport City, Oregon P. O. Address

Subscribed and sworn to before me this 26th day of August, 1943.

(SEAL)

Della L. MacGregor, Notary Public, residing at Vanport City, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public for Ore. My commission expires Mar. 31, 1947

Received for filing on SEP 8 1943 by Mary E. Tyler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-124-029-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377506
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 1 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Hugh H. Helpman

5. Date of Birth of Child (Month, day, year) 2-24-1893

6. Sex Male **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Barton Helpman
11. Color or Race white **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Book Keeper
15. Industry or Business Retired

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Wilcox
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 10-30 P.M. on the date and at the place stated above, and that personal particulars were furnished by John B Helpman (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 49 years, and that Dr Rothwell (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Baptist Helpman Signature
Kendrick P. O. Address

Subscribed and sworn to before me this 7 day of Feb, 1942
(SEAL) P. E. S Notary Public, residing at Latah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 15 1943 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-225-025-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377563
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho, (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? life yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Ida.

4. **FULL NAME OF CHILD** Hazel Benedict Brown

5. Date of Birth of Child (Month, day, year) June 25th 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William G. Brown
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Browntown (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Harnessmaker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie Benedict
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Fredom (City or town) Idahp Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 49 years, and that Dr Bobby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Addie Benedict Brown Signature
Bonners Ferry, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of August 1943

(SEAL)

J. W. Reid
Notary Public residing at Bonners Ferry, Idaho
MY COMMISSION EXPIRES SEPT. 20th 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1943 by Mabel Mader, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 17

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where ~~the birth of a child born prior to the effective~~ date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-109-022-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377606
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Lewisville
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Lewisville
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 1884-1928 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewisville, Idaho

4. **FULL NAME OF CHILD** Lewis Ambrey Thomas

5. Date of Birth of Child (Month, day, year) 4/9/1893

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Aaron Thomas
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Union House, England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Sophia Hansen
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Trelöse, Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Amelia (First name) Fuller (Last name), who is related as Aunt—Mother's sister. (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address 2041 Blenheim St. Riverside, California Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Riverside } ss.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 50 years, and that XXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX, who attended this birth XXXXXXXXXXXX. I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amelia Fuller Signature

Riverside Cal. P. O. Address

Subscribed and sworn to before me this 11th day of September, 19 43.

(SEAL) R. Pettey, Notary Public, residing at Riverside

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-912, Idaho Code Annotated.) My Commission expires May 11, 1947

Received for filing on SEP 21 1943 by Mary Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 21 1953

MAR 26 1953

JAN 21 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-204022-354

37 8859 378859

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 378859

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Rex Burg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At my own residence
   (e) Mother's stay **BEFORE** delivery: IN THIS county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Rex Burg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. **RESIDENCE OF FATHER** (city, state) RexBurg, Ida

4. **FULL NAME OF CHILD** Violet Jane Anderson

5. Date of Birth of Child (Month, day, year) Jan 4, 1893

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oliver A. Anderson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Fairfield, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Caroline Tempest
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Nebraska City, Nebraska (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Louisa C. Tempest (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 51 years, and that J. H. Rivers (First name) (Last name), who attended this birth Is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa Caroline Anderson Signature

Rex Burg, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of March, 1943

(SEAL) E. J. Lynch COMMISSION EXPIRES MARCH 15, 1948 Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 22 1943 by Mary Fielder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316 210009-268

378949

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sandpoint
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN THIS county 2 years 3 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sandpoint
   (d) Street Address or R.F.D. No. none
   (e) How long has MOTHER lived in Idaho? 2 — yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho. Sandpoint

4. **FULL NAME OF CHILD** Ella Ruth Law
5. Date of Birth of Child (Month, day, year) June 10, 1893
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Riches Law
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace London (City or town) Canada (State or foreign country)
14. Exact Occupation printer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Boyer
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Madison (City or town) Wis (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 a. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Boyer Law (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Baldwin (Licensed) M.D. Midwife Address Sandpoint Ida Date June

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 50 years, and that Mrs Baldwin (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before this 16th day of September, 19 43.

My Commission Expires July 8, 1944

(SEAL)

Notary Public, residing at Los Angeles Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 1943 by Mary Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

342-20-4028 942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378995
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Rathdrum
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: Short while
   In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Wash. (b) County Stevens
   (c) City Usk.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary Ellen Cusick

5. Date of Birth of Child (Month, day, year) July 4. 1893

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Joseph Weir Cusick
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Steamboat owner & Captain
15. Industry or Business also farmer.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Ella Rusho.
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Rice Lake Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living at Present 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Oregon
County of Lincoln } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for fifty years, and that Dr. Wenz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lena Dunaway Signature
Gleneden Beach Ore. P. O. Address

Subscribed and sworn to before me this 8th day of October, 1943.

(SEAL) Chas. D. Nelson, Notary Public, residing at Nelscott Oregon
My Commission Expires 7/1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 11 1943 by Mary Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-226-036-383

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 379026
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Rockland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Rockland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rockland, Idaho

4. **FULL NAME OF CHILD** Luella B~~[illegible]~~ Parker

5. Date of Birth of Child (Month, day, year) April 26, 1893

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benedict Parker
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Earlsville, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lura Belle Tyler
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Fillmore, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho, County of Bower } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 50 years, and that Mrs. William Brown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ben Parker Signature
Rockland, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of Oct., 1943.

(SEAL) Frank M Barnard, Notary Public residing at Rockland
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Expires Nov. 19-1946

Received for filing on OCT 14 1943 by Mabel Holder, Registrar.

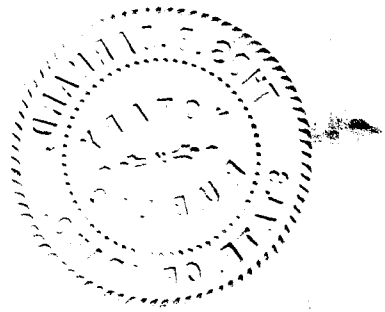
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962 - 209 013 - 962

380357

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canas (b) City Coral
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home of Mother
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canas
   (c) City Coral
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coral Idaho.

4. **FULL NAME OF CHILD** Alta Quenette Jane Roberts

5. Date of Birth of Child (Month, day, year) Dec. 9, 1893

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Charles Roberts

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Linnreek Mo. (City or town) (State or foreign country)

14. Exact Occupation Retired Miner

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Myrtal Roberts

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Centertown Mo. (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for since birth years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Charles Roberts Signature

1305N 14th St Boise, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of October, 1943

(SEAL) Ex-Officio Justice of the Peace Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 22 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-113004 624

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380430
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Bloomington
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years 6 months 19 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Bloomington
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? Lifetime yrs.

3. **RESIDENCE OF FATHER** (city, state) Bloomington, Idaho

4. **FULL NAME OF CHILD** William Stanley Dunford

5. Date of Birth of Child (Month, day, year) September 13-1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oliver Cowdry Dunford
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace St. Louis, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer- School Teacher
15. Industry or Business Farming, grade school teaching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Ann Osmond
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Bloomington, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Bear Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for fifty years, and that Mary Bowman Patterson (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Nellie Hart Signature

..... P. O. Address

Subscribed and sworn to before me this 20 day of October, 19 43.

(SEAL)

..... Notary Public, residing at Soda Springs Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated)

Received for filing on OCT 26 1943 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 27 1943

AUG 25 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316-231029-893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380482
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee Idaho

4. **FULL NAME OF CHILD** Esther B. Lawson

5. Date of Birth of Child (Month, day, year) Dec 31 1893

6. Sex girl

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Meredith Edward Lawson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Clarksburg, W. Va (City or town) (State or foreign country)
14. Exact Occupation Editor of Paper
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Hill
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Farm-now Elkins, W. Va (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child seven (b) Born alive and now living seven

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California
County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the eldest sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 50 years, and that Lyn Reese (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Lawson Jensen Signature
5911 Ethel Ave. Van Nuys, Cal. P. O. Address

Subscribed and sworn to before me this 20th day of October, 1943

(SEAL) Juliet A. Jensen, Notary Public, residing at Van Nuys California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires April 16, 1947

Received for filing on OCT 30 1943 by Mabel Hall, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-212007-693

380526

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380526
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years, months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. **FULL NAME OF CHILD** Elizabeth Reed

5. Date of Birth of Child (Month, day, year) July 12, 1893

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Reed
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Louisville, Kentucky (City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Louise Williams
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Plattsburg, New York (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 50 years, and that Mrs. Lynch (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel M. Allred Signature

Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of November, 1943

(SEAL) [signature] Notary Public, residing at Rupert

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 12 1943 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 12 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-126 025-251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380639
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: born at parents home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Ida.

4. **FULL NAME OF CHILD** Wallace Edward Hill

5. Date of Birth of Child (Month, day, year) August 26, 1943

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Hill
11. Color or Race white
12. Age at time of THIS birth 53 yrs.
13. Birthplace Ind N.B. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Kearney
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Walla Walla, Washington (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child seven (b) Born alive and now living five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Lewis } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for ____ years, and that Dr. — Bibby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Hill Signature

Peck Idaho P. O. Address

Subscribed and sworn to before me this 29 day of October, 1943

(SEAL) Dorothy Mitchell Notary Public, residing at Nezperce Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 9 1943 by ____ Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 9 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

436-118 628 755

380693

United States Department of Commerce Bureau of the Census

NOV 15 1943 (Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. Sherman Ave.
   (d) Name of Hospital or Maternity Home: at family residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 1 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. Sherman Ave.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene, Ida

4. **FULL NAME OF CHILD** Robert Early McFarland Jr.

5. Date of Birth of Child (Month, day, year) Jan. 18th. 1893

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Early McFarland
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Independence, Missouri (City or town) (State or foreign country)
14. Exact Occupation Attorney at Law
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Vivian Pendy
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Virginia City, Nevada (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho, County of Kootenai } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Fifty six years of age, that I have known this person for Fifty years, and that John (First name) Sabin (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Ora Pendy Signature

Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of September, 19 43.

(SEAL) Jim W. Poole, Notary Public, residing at Coeur d'Alene.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-209-024-662

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381[illegible]
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Viola, Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county nine years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Viola
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? nine yrs.

3. **RESIDENCE OF FATHER** (city, state) Viola, Idaho

4. **FULL NAME OF CHILD** Alta May Wallace

5. Date of Birth of Child (Month, day, year) November 9, 1893

6. Sex female

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles A. Wallace
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Iowa (City or town) U.S.A. (State or foreign country) Reokuk County
14. Exact Occupation labor cutting wood
15. Industry or Business working by the day.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Luella Foster
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Warren County (City or town) Indiana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business keeping house

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at Nine P. M. on the date and at the place stated above, and that personal particulars were furnished by Lizzie (First name) Foster (Last name) (myself) who is related as aunt by marriage (Mother, etc.)

25. Attendant's **OWN** signature Lizzie Foster M.D. Midwife Address Rt, 3, Junction City, Date 11/18/1943

AFFIDAVIT

State of Oregon
County of Benton } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt by marriage (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty nine years of age, that I have known this person for fifty years, and that I, Lizzie (First name) Foster (Last name), who attended this birth, am living (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lizzie Foster Signature

Rt. 3 Junction City, Oregon. P. O. Address

Subscribed and sworn to before me this 18th day of November, 19 43

(SEAL)

J. H. Carpenter Notary Public, residing at Monroe, Oreg.

NOTARY PUBLIC IN AND FOR THE STATE OF OREGON
MY COMMISSION EXPIRES FEBRUARY 24th, 1946.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code [illegible])

Received for filing on NOV 23 1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 28 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-102-007-418

387 870

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381870
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Bellevue
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years approx months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Bellevue
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? approx 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bellevue, Idaho

4. **FULL NAME OF CHILD** James Gilmore Scott

5. Date of Birth of Child (Month, day, year) Oct. 2, 1893

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Henry Scott
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Litchfield, Conn. (City or town) (State or foreign country)
14. Exact Occupation Mine Mill Man
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie M. Dayton
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Cedar City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1st. (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for forty years, and that Henrietta (First name) Dayton (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Mrs Maude Martin — Signature

1604 N. 6th Boise — P. O. Address

Subscribed and sworn to before me this 13 day of December, 1943

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec. 13 1943 by Maud M. Ellis, Registrar.

DEC 13 1943

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-121-001-913

381981

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. Warm Springs Avenue
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Two years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. Warm Springs Avenue
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Leo A. Cooper

5. Date of Birth of Child (Month, day, year) June 21st, 1893

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Simon Cooper
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Grasshopper Falls, Jefferson County (City or town) Kansas (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Jane Rathbone
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Greenwood County, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington
County of Yakima } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 50 years, and that Mrs. Rube Robbins (First name) - Midwife (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Jane Randall Signature

R 4 Yakima Wash P. O. Address

Subscribed and sworn to before me this 1st. day of December, 19 43.

(SEAL)

Notary Public, residing at Yakima, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1943 by ____ Registrar.

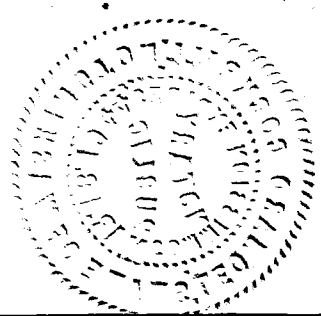
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



255-216-004-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 382078
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Dingle
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 28 years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Dingle
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Mary Selena Bennett [redacted]

5. Date of Birth of Child (Month, day, year) 11-16-1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eli Bennett Jr.
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Lehi (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Elizabeth Berry
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Cedar Fort (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Cassia } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 50 years, and that ? (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Hyrum Bennett Signature

Burley, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of December, 1943

(SEAL) Lew T. Thomson, Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1943 by Maud Fyler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 21 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

592-1126 007-389

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383197
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Gannett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Gannett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gannett, Idaho

4. **FULL NAME OF CHILD** Frank Nisson

5. Date of Birth of Child (Month, day, year) Sept. 26, 1893

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Christian A. Nisson
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mrie Christianson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

AFFIDAVIT

State of Idaho
County of Blaine } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 50 years, and that Mrs. Heber Stanfield (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles A Nisson Signature

Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of December, 19 43.

(SEAL) Joseph W Dold, Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1944 by Mabel Holden, Registrar.

JAN 6

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

169 216 003 154

384462

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Oxford
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 11 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idah o (b) County Bannock
   (c) City Oxford
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oxford Idaho

4. **FULL NAME OF CHILD** Marintha Althre Jorgensen

5. Date of Birth of Child (Month, day, year) Feb. 16, 1893

6. Sex Female

7. Twin or Triplet — If so born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Jorgensen
11. Color or Race Danish
12. Age at time of THIS birth 24 yrs.
13. Birthplace Not known (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ann Andrus
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Hamilton (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None that was known of.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 51 years, and that Jane Howell (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Jorgensen. Signature

Gen. Del. Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of January, 1944

(SEAL)

Olga Chester Clerk of Probate Court, residing Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1944 by Mabel Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1963

JAN 28 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-106 014 866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384569
Local Reg. No. 384569
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 65 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho.

4. **FULL NAME OF CHILD** Wilburn Brookshire

5. Date of Birth of Child (Month, day, year) Feb. 6, 1893.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christopher Columbus Brookshire
11. Color or Race white
12. Age at time of THIS birth 50 yrs.
13. Birthplace Nashville, Tennessee (City or town) (State or foreign country)
14. Exact Occupation teamster
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mariam M. Howell
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Little Rock, Arkansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho, County of Gem. } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 93 years of age, that I have known this person for 51 years, and that Dr. (First name) Clymer (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mariam M Brookshire Signature

Emmett, Idaho. P. O. Address

Subscribed and sworn to before me this 1st day of March, 19 44

(SEAL) J. P. Reed, Notary Public, residing at Emmett, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 - 1944 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1944
MAR 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-101 033-962

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 384645
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 Mos. yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Albert Trost

5. Date of Birth of Child (Month, day, year) 10-1-93

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Christian Philip Trost

11. Color or Race white

12. Age at time of THIS birth 38 yrs.

13. Birthplace Stutgard, (City or town) Germany (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Roser

17. Color or Race white

18. Age at time of THIS birth 28 yrs.

19. Birthplace Stutgard, (City or town) Germany (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 60 years, and that Magdalenia Walz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

/ Rose Dietrich Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of January, 1944

(SEAL) Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1944 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses preseribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843 217029-445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384710
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Kendrick
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick Idaho

4. **FULL NAME OF CHILD** Maud Hull

5. Date of Birth of Child (Month, day, year) April 17 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Breed Hull

11. Color or Race White

12. Age at time of THIS birth 23 yrs.

13. Birthplace Knobnoster (City or town) Missouri. (State or foreign country)

14. Exact Occupation Seligraph Operator Ry

15. Industry or Business R. R. Ry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Jennette Duncan

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Lees Summit (City or town) Missouri (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at Kendrick Idaho M. on the date and at the place stated above, and that personal particulars were furnished by ✓ (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Kansas
County of Wyandotte } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ✓ 44 76 years of age, that I have known this person for ✓ 76 ~~68~~ 51 years, and that Dr Justice (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Breed Hull ✓ Emma Jennette Hull Signature
Father
132 So 25th Kansas City Kans. P. O. Address

Subscribed and sworn to before me this 25 day of Jan., 19 44

(SEAL) Bessie Smith, Notary Public, residing at VICTORY STATE BANK Kansas City, Kan

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires June 12, 1944

Received for filing on FEB 18 1944 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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235-230-DC4-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384729
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpielier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier Ida.

4. **FULL NAME OF CHILD** Myrtle, Ivy, Stephens

5. Date of Birth of Child (Month, day, year) Nov. 30, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Wright, Stephens
11. Color or Race White
12. Age at time of THIS birth 19 yrs.
13. Birthplace Montpelier (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lydia Latham
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living Living 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for years, and that Myrtle Ivy Stephens (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary L Kyme Signature

Weiser Ida P. O. Address

My Commission Expires March 8, 1947

Subscribed and sworn to before me this 14 day of February, 1944

(SEAL) Wm. Sedgwick, Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1944 by Mary Kyle, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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349-715003-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384752
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello,
   (c) Street Address or R.F.D. No. Cor. Cleveland Ave., & "B" St. Southeast
   (d) Name of Hospital or Maternity Home: at parents' home.
   (e) Mothers stay **BEFORE** delivery: In THIS county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho, (b) County Bannock,
   (c) City Pocatello,
   (d) Street Address or R.F.D. No. Cor. Cleveland Ave., & "B" St. Southeast.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho.

4. **FULL NAME OF CHILD** Theodore James Turner

5. Date of Birth of Child (Month, day, year) Dec. 15, 1893.

6. Sex Male.

7. Twin or Triplet -----

If so—born 1st, 2nd, 3rd -----

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Theodore Turner
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Ringgold, (City or town) Ohio. (State or foreign country)
14. Exact Occupation Abstracter and Realestate
15. Industry or Business Business.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Petty
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Richmond, (City or town) Utah. (State or foreign country)
20. Exact Occupation House-wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho, County of Bannock, } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy-one years of age, that I have known this person for all his life 50 years, and that Dr. James H. Bean (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lucy Petty Turner Signature

Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me this fourth day of February, 1944.

(SEAL) J. Blackburn, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1944 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello,
   (c) Street Address or R.F.D. No. Cor. Cleveland Ave. & "B" St. SE
   (d) Name of Hospital or Maternity Home: at parents' home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho, (b) County Bannock,
   (c) City Pocatello.
   (d) Street Address or R.F.D. No. Cor. Cleveland Ave. & "B" Street SE.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho.

4. **FULL NAME OF CHILD** Theodore James Turner

5. Date of Birth of Child (Month, day, year) Dec. 15, 1893.

6. Sex Male

7. Twin or Triplet No.

If so—born 1st, 2nd, 3rd - - -

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Theodore Turner
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Ringgold, (City or town) Ohio. (State or foreign country)
14. Exact Occupation Abstracter and Realestate
15. Industry or Business Business.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Petty
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Richmond, (City or town) Utah. (State or foreign country)
20. Exact Occupation House-wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho, } ss.
County of Bannock, }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now past 75 years of age, that I have known this person for all his life 50 years, and that Dr. James H. Bean (First name) ____ (Last name), who attended this birth, is now deceased (is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Theodore Turner Theo Turner
Signature

Pocatello, Idaho.
P. O. Address

Subscribed and sworn to before me this fourth day of February, 19 44.

(SEAL) Blanche Turner, Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1944 by Mabel Hyder, Registrar.

FEB 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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867 203 019 713

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384758
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CUSTER (b) City CHALLIS
   (c) Street Address or R.F.D. No. RURAL
   (d) Name of Hospital or Maternity Home: FARM HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CUSTER
   (c) City CHALLIS
   (d) Street Address or R.F.D. No. RURAL
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** RUTH MARGARET [redacted] HOPPER

5. Date of Birth of Child (Month, day, year) SEPT. 3, 1893

6. Sex FEMALE

7. Twin or Triplet SINGLE If so—born 1st, 2nd, 3rd XXXXX

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HENRY S. HOPPER
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace HUMANSVILLE, (City or town) MISSOURI. (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FRANCES PAULINE GALLAND
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace BOLIVAR, (City or town) MISSOURI. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSEHOLD DUTIES

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of CALIFORNIA
County of SUTTER } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 51 years, and that MRS. TREMPER (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances Pauline Hopper Signature

LIVE OAK, CALIFORNIA. P. O. Address

Subscribed and sworn to before me this 11th day of FEBRUARY, 1944.

(SEAL) J. T. Bourgeois, Notary Public, residing at Live Oak, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1944 by Mabel Holden, Registrar.

FEB 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

(25-Jul-290-314)

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386056
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshon (b) City Bonner's Ferry
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Bonner's Ferry
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bonner's Ferry

4. **FULL NAME OF CHILD** EVA MATILDA DOELL

5. Date of Birth of Child (Month, day, year) Jan. 26, 1893

6. Sex female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** CHARLES PHILLIPS DOELL
11. Color or Race white
12. Age at time of THIS birth 28 Act yrs.
13. Birthplace Egg Harbor (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CATHERINE SOPHIA CARLSON
17. Color or Race white
18. Age at time of THIS birth 25 Act yrs.
19. Birthplace Stockrayd (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Prov. of British Columbia
County of Kootenay } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 51 years, and that Dr. (First name) Campbell (Last name), who attended this birth is almost certainly dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Catherine S Wilson Signature

Box 552 Rossland, B. C. P.O. Address

Subscribed and sworn to before me this 23rd day of February, 1944.

(SEAL) A E Newman, Notary Public, residing at Rossland, B.C.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1944 by Mary Fielder, Registrar.

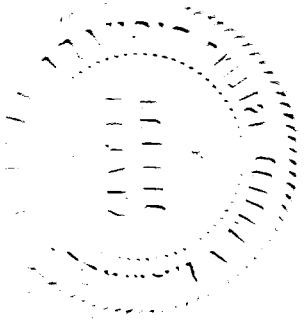
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386064
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Cleveland
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Cleveland
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Mildred Alice Young

5. Date of Birth of Child (Month, day, year) June 16, 93

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Chas Pulaski Young

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Chicago (City or town) Ill. (State or foreign country)

14. Exact Occupation Locomotive Fireman

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Louise Hume

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace England (City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Flathead } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 50 years, and that [illegible] (First name) McMillan (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Louise Young Signature

Whitefish Montana P. O. Address

Subscribed and sworn to before me this 6th day of October 1943

(SEAL) Roger D. Frederick Notary Public, State of Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Residing at Whitefish, Montana

My commission expires June 28, 1944

Received for filing on MAR 10 1944 by [illegible], Registrar.

MAR 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

792-015-029-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386126
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Idaho

4. **FULL NAME OF CHILD** Alice Elinor Gibb

5. Date of Birth of Child (Month, day, year) December 15, 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Napier Gibb
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Edinburgh, Scotland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Anderson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Mount Pleasant, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of California } ss.
County of Los Angeles }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for years, and that Mary Wahl (First name) and Eliza Gray (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline Gibb Signature
406 Linden Ave, Long Beach, California P.O. Address

Subscribed and sworn to before me this 28th day of February, 1944.

(SEAL) Mabel C. Berry, Notary Public, residing at Long Beach.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-944, Idaho Code Annotated.) My Commission Expires Jan. 21, 1948

Received for filing on MAR 13 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1976

MAR 23 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-205 208-636

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386181
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Centerville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county two years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Centerville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? two yrs.

3. **RESIDENCE OF FATHER** (city, state) Centerville Idaho

4. **FULL NAME OF CHILD** Delia Margaret Granger

5. Date of Birth of Child (Month, day, year) August 5th 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Homer Clifford Granger
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace New Marlboro Mass. (City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabelle Flood
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Hemmingford Quebec, Canada (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Boise } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 50 years, and that Dr. Warren (First name) Newell (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Homer C. Granger Signature
Idaho City Idaho P. O. Address

Subscribed and sworn to before me this 9th day of March, 1944

(SEAL) Lucy L. Edmunds, Notary Public, residing at Fontana, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1944 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-117007-396

387456

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Farm N. Hailey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hailey, Idaho

4. **FULL NAME OF CHILD** Frank Henry Knight

5. Date of Birth of Child (Month, day, year) June 12, 1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George H. Knight
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Macon County (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Barbara Troeger
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Philadelphia (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for since birth years, and that (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George H Knight Signature

P. O. Address

Subscribed and sworn to before me this 6th day of March, 1944

(SEAL) Joseph N. Dale, Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 - 1944 by Mary Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-201-214-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388824
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. R. 2
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser Idaho

4. **FULL NAME OF CHILD** Flossie Elma Newman

5. Date of Birth of Child (Month, day, year) Dec. 1, 1893

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Sylvanus Newman
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Penn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Jane Sailing
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Sourpee Co Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Elsie (First name) Newman (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Washington } ss.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for all her life years, and that Dr Jos Numbers (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cyrus E. Newman Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me this 17th day of April, 1944

(SEAL)

T. J. Lloyd, Notary Public, residing at Weiser

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1944 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

919-138-016-439

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388841
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) OAKLEY IDAHO

4. **FULL NAME OF CHILD** Elmer Athen Martindale

5. Date of Birth of Child (Month, day, year) 1-28-1893

6. Sex Male

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Alonzo Pratt Martindale

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace GRANTSVILLE (City or town) UTAH (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth McIntosh

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace GRANTSVILLE, (City or town) UTAH (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business HOUSE KEEPING

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN IF ANY

23. Number of children of this mother: (a) At time of birth and including this child SIX (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 51 years, and that SARAH (First name) BATES (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ida Belle Martindale Nielsen Signature

201 W. 92 ST. Los Angeles California P. O. Address

Subscribed and sworn to before me this 28th day of April, 1944

My Commission Expires April 1, 1945

(SEAL) Gladys A. De Hoog Notary Public, residing at 9316 So. Bdwy Los Angeles - Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1944 by [illegible], Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-107-47-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388930
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Logan (b) City Shoshone
   (c) Street Address or R.F.D. No. - - - - - - -
   (d) Name of Hospital or Maternity Home: - - - - - - - -
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years - - - months - - - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Logan
   (c) City Shoshone
   (d) Street Address or R.F.D. No. - - - - - - -
   (e) How long has **MOTHER** lived in Idaho? ten yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** George Tuxford Hansen

5. Date of Birth of Child (Month, day, year) April 7, 1893

6. Sex Male

7. Twin or Triplet - - - - If so—born 1st, 2nd, 3rd - - - -

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christian James Hansen
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Oregon Short Line Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Marie Jacobsen
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum - - - - -

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of Idaho
County of Lincoln } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 51 years, and that Dr. Albee (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur W. Hansen Signature

Shoshone, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of May, 1944

(SEAL) ..... Notary Public, residing at Shoshone, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1944 by Mabel Nolder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

264-11-00-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388985
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** RALPH BURTON SOUCIE

5. Date of Birth of Child (Month, day, year) March 17, 1893.

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Orley Soucie
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Door County, Michigan (City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Smith
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho, County of Ada, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 50 years, and that no (First name) doctor (Last name), ~~who~~ attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Orley Soucie Signature

Box 854, Boise, Idaho. P. O. Address

Subscribed and sworn to before me this 27th day of ~~January~~ April, 19 43

(SEAL) Clara L McFarlane Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1944 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 17 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453 207030-218

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 390205
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Lemhi (b) City Gibbonsville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 5 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gibbonsville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Gibbonsville, Ida.

3. RESIDENCE of FATHER (city, state): Gibbonsville, Ida

4. FULL NAME OF CHILD Mae Hazel Dellen

5. Date of Birth (Month, day, year) March 7 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Christians Dellen
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Prussia (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Bahna
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Steinberg (City or town) Germany (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Anna Dellen (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature Anna Hellen Silken M.D. (D.O., Midwife, etc.)
and address Date

26. (a) JUN 5 1944 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna Hellen Silken Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Cleveland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At own home.
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Cleveland,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cleveland, Idaho

4. **FULL NAME OF CHILD** Carrie Melvina Nelson

5. Date of Birth of Child (Month, day, year) Feb. 12 - 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nels H. Nelson

11. Color or Race White

12. Age at time of THIS birth 77 yrs.

13. Birthplace Denmark
(City or town) (State or foreign country)

14. Exact Occupation Farmer and Carpenter

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bodell Hansen

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Denmark
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for since Birth years, and that Charlotte Walton (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Smith Signature
Cleveland, Idaho R.D., P. O. Address

Subscribed and sworn to before me this 5 day of June, 1944.

(SEAL) A. J. Smith Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1944 by Mary Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719 205 018 855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390329
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Weippe
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months 2 days 1

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Weippe
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2Yr. 2Mo. yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lena Gardner

5. Date of Birth of Child (Month, day, year) 6/5/1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Wesley Gardner
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Wilbur (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Henry
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Casey (City or town) Ill. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 51 years, and that Dr. Reed (First name) ..... (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Hazel Henry Gardner Signature

P. O. Address

Subscribed and sworn to before me this 29 day of May, 1944

(SEAL)

..... Notary Public, residing at Lewiston Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 15 1944 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics for~~ the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-201 025 614

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390334
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Mabel Grace Scott

5. Date of Birth of Child (Month, day, year) April 1, 1893

6. Sex F

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Newton Scott
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace California (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Faulkner
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Maitland, Nova Scotia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Idaho }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 51 years, and that Mrs. Richard (First name) Cooper (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Faulkner Webster Signature

Box 1255, Juneau, Alaska P. O. Address

Subscribed and sworn to before me this 8th day of June, 1944.

(SEAL)

John R. Young, Notary Public, residing at Juneau, Alaska.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES MAY 5, 1945

Received for filing on JUN 14 1944 by Mabel Tyler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-201 025-614

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390335
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Ida.

4. **FULL NAME OF CHILD** Minerva Beatrice Scott

5. Date of Birth of Child (Month, day, year) April 1, 1893

6. Sex F

7. Twin or ~~Triplet~~ ~~XXXX~~ Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Newton Scott
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace California (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Faulkner
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Maitland, Nova Scotia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Idaho }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 51 years, and that Mrs. Richard (First name) Cooper (Last name), who attended this birth Is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Faulkner Webster Signature

Box 1255, Juneau, Alaska P. O. Address

Subscribed and sworn to before me this 8th day of June, 1944.

(SEAL) John Bowers, Notary Public, residing at Juneau, Alaska

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES MAY 5, 1945

Received for filing on JUN 14 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-119-025-612

391462

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? three yrs.

3. **RESIDENCE OF FATHER** (city, state) Cottonwood, Idaho

4. **FULL NAME OF CHILD** Bernard Henry Schmidt

5. Date of Birth of Child (Month, day, year) Nov. 19, 1893

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edmund Henry Schmidt

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Illinois (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Haemmerle

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Effingham, Illinois (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at A- M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Schmidt (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Cottonwood Ida. Date 6/20/'44

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Idaho } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 50 years, and that A- Mrs. Menke (First name) (Last name), who attended this birth deceased - (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elisabeth Schmidt Signature
Cottonwood Idaho P. O. Address

Subscribed and sworn to before me this 20 day of June, 1944.

(SEAL) Mike Melbeck, Notary Public, residing at Cottonwood Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1944 by Mary Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1961

JUN 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-223-026-289

391561

391561

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391561
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Menan
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Menan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Appx. 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Seretta May Green

5. Date of Birth of Child (Month, day, year) Aug. 23, 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Alvin Green
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Peoa, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Eliza Shippen
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Wanship, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature deceased — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Bannock }

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 51 years, and that don't know (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Green Bayer Signature
Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of July, 1944.

(SEAL) S A Dunn, Notary Public, residing at Rockville Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. Exp. 3-1-47

Received for filing on AUG 1 1944 by Mabel Fielder, Registrar.

AUG 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FHS-20-009-313

391605

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sand Point
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sand Point
   (d) Street Address or R.F.D. No. Ranch
   (e) How long has **MOTHER** lived in Idaho? Since 1/9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sand Point Idaho

4. **FULL NAME OF CHILD** Lois Zienke

5. Date of Birth of Child (Month, day, year) Oct 12th 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Rudolph Zienke
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Danzig (City or town) Germany (State or foreign country)
14. Exact Occupation Carpenter & Millwright
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Johanna Zatsch
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Danzig (City or town) Germany (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Foster Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 49 years, and that Mrs. Le Guard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sallie L Ward Signature
S1325 Fiske St. Spokane, Wash. O. Address

Subscribed and sworn to before me this 3rd day of July, 1944

(SEAL) P. A. Thelen, Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1944 by Mary Helen, Registrar.

JUL 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-12-029-549

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391606
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Reuben Everett Stevens

5. Date of Birth of Child (Month, day, year) December 29, 1893

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Francis Stevens
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Asheville, North Carolina (City or town) (State or foreign country)
14. Exact Occupation Section Foreman on Railroad
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rhoda Elizabeth Quillian
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Ellijay (City or town) Georgia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Seven (b) Born alive and now living Five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Coos } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 50 years, and that Grandmother Stevens (midwife) (First name) (Last name) who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jesse F. Stevens Signature

Myrtle Point, Oregon P. O. Address

Subscribed and sworn to before me this 1st day of July, 1944.

(SEAL) F. A. Barton, Notary Public, residing at Coquille, Oreg.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. expires 6/18/45

Received for filing on JUL 6 1944 by, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 8 1944

694-104-044962

391660

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391660
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Midvale
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 31 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Midvale
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Midvale Idaho

4. **FULL NAME OF CHILD** James Leon Widner

5. Date of Birth of Child (Month, day, year) June 4th 1893

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harvey Widner
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Prinston (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Ross
17. Color or Race White
18. Age at time of THIS birth 45 yrs.
19. Birthplace Prinston (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Phebe (First name) Shaw (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature Phebe Shaw M.D. Midwife Address Midvale Idaho Date July 10 1944

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1944 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-103028-395

391725

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Rathdrum
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Rathdrum.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Rathdrum. Idaho

4. **FULL NAME OF CHILD** Leon Clifford Howell

5. Date of Birth of Child (Month, day, year) June 3 1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Washington Howell
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Illinois (City or town) State (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Elizabeth Linton
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Illinois (City or town) State (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Kootenai } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 51 years, and that Margaret Hudlow (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Elizabeth Howell Signature
Rte 1 Rathdrum. Idaho. P. O. Address

Subscribed and sworn to before me this 7th day of July, 19 44.

(SEAL) [signature], Notary Public, residing at Rathdrum.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 17 1944 by Mabel Fielder, Registrar.

JUL 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154 103 007 753

392926

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 392926
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Moore
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Moore
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moore, Idaho.

4. **FULL NAME OF CHILD** Sherman Anderson

5. Date of Birth of Child (Month, day, year) Sept 3, 1892

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Nicholas Anderson
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Smolen (City or town) Sweden (State or foreign country)
14. Exact Occupation Stockraising Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mathilda Peterson
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Norlan (City or town) Sweden (State or foreign country)
20. Exact Occupation House Keeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty (60) years of age, that I have known this person for 52 years, and that Elma Anderson Whitten (First name) (Last name), who attended this birth (is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elma Anderson Whitten Signature
Hailey Route, Idaho. P. O. Address

Subscribed and sworn to before me this 5th day of Sept, 1944

(SEAL)

Helen McShane, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires March 27, 1945

Received for filing on Sept 5 - 1944 by Mabel Helen, Registrar.

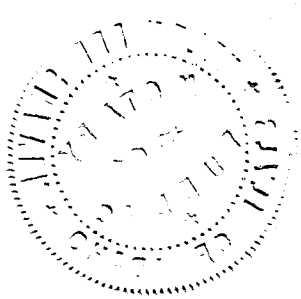
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



168-108-029-168

394401

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City GENESEE.
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay BEFORE delivery: IN THIS county 17 years 6 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH.
(c) City GENESEE.
(d) Street Address or R.F.D. No. NONE.
(e) How long has MOTHER lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD LEWIS EDWARD JOHNSON.

5. Date of Birth of Child (Month, day, year) DEC. 8TH 1893.

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME SAMUEL JOHNSON.
11. Color or Race WHITE
12. Age at time of THIS birth 45 yrs.
13. Birthplace RED WING (City or town) MINN. (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME CAROLINE KAREN JOHNSON.
17. Color or Race WHITE
18. Age at time of THIS birth 38 yrs.
19. Birthplace TRONDEM (City or town) NORWAY (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum [redacted] DONT KNOW OF ANY.

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Walla Walla }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 51 years, and that Mrs Young (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chris B Johnson Signature
Waitsburg Wn P. O. Address

Subscribed and sworn to before me this 21st day of August, 1944

(SEAL) Notary Public, residing at Prosser Wash.
My commission expires 4/19/47

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 6 1944 by ____ Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 23 1959

SEP 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth~~ which has occurred ~~subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 4 1951

035-12-10-351

394501

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 394501
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Idaho Falls
(c) Street Address or R.F.D. No. Basalt-
(d) Name of Hospital or Maternity Home: home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Basalt-
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bessie Edna Stewart-

5. Date of Birth of Child (Month, day, year) Oct-12-1893

6 Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME James Stewart-

11. Color or Race white

12. Age at time of THIS birth 35 yrs.

13. Birthplace San Bernardino
(City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Almeda Evans

17. Color or Race white

18. Age at time of THIS birth 20 yrs.

19. Birthplace Weston Idaho
(City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife **Address** **Date**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bonneville } ss.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 50 years, and that Dr. Harry Wilson (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Clark
Signature
435 2nd. St. Idaho Falls, Ida.
P. O. Address

Subscribed and sworn to before me this 2nd day of October, 1944.

(SEAL) C. A. Williams, Notary Public, residing at Idaho Falls Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 11-1944 by Mabel Fields, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

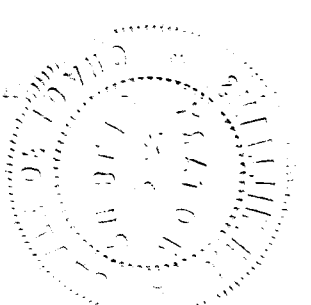
AUG 11 1954

OCT 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



291-101-019-453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395658
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Challis
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ~~4~~ years 11 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Challis
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Challis, Idaho

4. **FULL NAME OF CHILD** Floyd Metcalf Bradbury

5. Date of Birth of Child (Month, day, year) April 1, 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? no

FATHER OF CHILD

10. **FULL NAME** John Edward Bradbury
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Willard (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Stock raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Metcalf
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Hyde Park (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Custer } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 51 years, and that Mrs. (unknown) (First name) Jarvis (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Bradbury Signature
Challis, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of September, 1944

(SEAL) John Boyd C. Recorder, Custer County, Idaho, Notary Public, residing at Challis Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 30 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 3 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

523-215 1029 - 296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395698
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 7 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Etta Estes

5. Date of Birth of Child (Month, day, year) June 15, 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Karr Calvin Estes
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Ash Flat (City or town) Arkansas (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Florence Brock
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Harrisburg, (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 51 years, and that Dr. Worthington (First name) ____ (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Florence Estes Signature

305 Montreal St, Victoria B.C. Canada P. O. Address

Subscribed and sworn to before me this 13th day of September, 1944

(SEAL) Mary E. Straith, Notary Public, residing at Victoria B.C. in and for the Province of British Columbia

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 - 1944 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-227-29-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395723
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Antelope (b) City Little Lost River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Antelope
(c) City Little Lost River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Do not know yrs.

3. **RESIDENCE OF FATHER** (city, state) Little Lost Rive

4. **FULL NAME OF CHILD** Anna Laura Warren

5. Date of Birth of Child (Month, day, year) Mar. 27, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 5th

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** James E. Warren
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Do not know (City or town) (State or foreign country)
14. Exact Occupation Ranch Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Morrael
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Malheur } ss.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 50 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C M Warren Signature
Nyssa Ore P. O. Address

Subscribed and sworn to before me this 29 day of September, 19 44

(SEAL)

Jessie L Graham, Notary Public, residing at Nyssa, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 9 - 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-124-040-234

395784

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Fraser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county | years 9 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Fraser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Fraser Idaho

4. **FULL NAME OF CHILD** Jess William Knepper

5. Date of Birth of Child (Month, day, year) June 24, 1893

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Knepper
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Noblesville (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christena Stump
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Southbend (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Nez Perce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 91 years of age, that I have known this person for 51 years, and that Sophia Stump (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Stump Knepper Bowerman
Signature

Clarkston, Wash.
P. O. Address

Subscribed and sworn to before me this 3 day of Oct, 1944.

(SEAL)

W. D. Morgan, Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1944 by Mary Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

965-117 063 356

396882

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Mc Cammon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Mc Cammon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Mc Cammon Idaho

4. **FULL NAME OF CHILD** George Chester Romriell

5. Date of Birth of Child (Month, day, year) April 17 1893

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Henry Romriell
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Lake Town Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Althea Lewis (Deceased)
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Brigham City Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife and
21. Industry or Business School Teacher.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Bannock }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 51 years, and that Mary Bell Goodenough (First name) (Last name), who attended this birth is Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Henry Romriell Signature

Mc Cammon Idaho 124 P. O. Address

Subscribed and sworn to before me this 16th day of October, 1944

(SEAL) L. F. Whitney, Notary Public, residing at Mc Cammon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1944 by Mabel Holden, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281 230040 713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 397004
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Murray
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1yr years 1yr months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Murray
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Murray, Ida

4. **FULL NAME OF CHILD** Laura Omega Spaulding

5. Date of Birth of Child (Month, day, year) Aug 30. 1893

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Peter Lincoln Spaulding
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace State of Missouri (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Gatherer
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Norway Michigan (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Deceased Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Shoshone } ss.

I, the undersigned, being first duly sworn, say that I am the Life long friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Eighty three years of age, that I have known this person for fifty one years, and that Mrs. Alexander, midwife (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Aulbach, Murray, Idaho Signature

Murray, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of Oct, 1944

(SEAL) ..... Notary Public, residing at MULLAN, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires March 15, 1948

Received for filing on NOV 4 1944 by Mabel Fields, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1944 8 NOV

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

✓ 393 118 023 212

398103

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** Earl Westly Titus

5. Date of Birth of Child (Month, day, year) Sept. 18, 1893

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry W. Titus
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Keokuk, Iowa (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Bell Basye
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Emmett, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Gem }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 51 years, and that Mrs. Hattie Oaks (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

√Cora Bell Basye Titus Signature

Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of November, 1944.

(SEAL) C. D. Rogers, Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 22 1944 by Mary Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 28 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 30 195

382-203-029-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as o[illegible] child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398150
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City farm
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City near Palouse
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Palouse

4. **FULL NAME OF CHILD** Verlee Pearle Mildred Tyson

5. Date of Birth of Child (Month, day, year) June 3rd. 1893.

6 Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Tyson
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Eugene (City or town) Oregon (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Sharp
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Leroy, (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Benewah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for since birth and that Emily Sharp (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie Shaffner Signature

St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of Nov. 1944., 19

(SEAL)

[illegible], Notary Public, residing at St. Maries

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 15 1944 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

[redacted]

NOV 8 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-11-028-449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398323
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Rathdrum
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Rathdrum
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rathdrum, Ida

4. **FULL NAME OF CHILD** Charles Borromeo Murray

5. Date of Birth of Child (Month, day, year) Mar. 11 1893

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Michael E. Murray
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Brudenell (City or town) Canada (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna B. Murray
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace Minneapolis (City or town) Minn. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 51 years, and that Dr. Lenz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Murray Signature

Priest River, Idaho P. O. Address

Subscribed and sworn to before me this 7th. day of December, 19 44

(SEAL) Georgia Hagman, Notary Public, residing at Priest River Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1944 by Mabel Hylder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

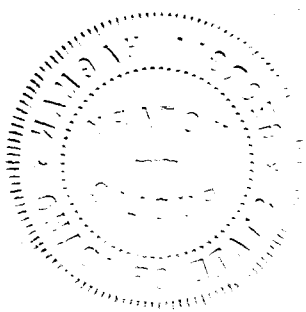
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DEC 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



769 121-010-114

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

~~United~~ States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonnieville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonnieville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Maurice Rupert Gordon

5. Date of Birth of Child (Month, day, year) Feb. 21, 1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Gordon
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Edinburgh (City or town) Scotland (State or foreign country)
14. Exact Occupation Section Forman
15. Industry or Business Union Pacific R.R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Lizzie Jameson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Delhi (City or town) Ontario (State or foreign country) Canada
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 51 years, and that Mrs. Charley Stevens (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Gordon
Signature
264 South Capital Idaho Falls Ida.
P. O. Address

Subscribed and sworn to before me this 4th day of December 1944
(SEAL) F. P. Brennan By Lulu Zerbinger Deputy
CLERK OF THE DISTRICT COURT
Notary Public, residing at Idaho Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1944 by Mary Hodges, Registrar.

DEC 16 1944

AUG 1 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

398341

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls

4. **FULL NAME OF CHILD** Maurice Rupert Gordon

5. Date of Birth of Child (Month, day, year) February 21, 1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Gordon
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Edinburgh, Scotland (City or town) (State or foreign country)
14. Exact Occupation Section Foreman
15. Industry or Business Union Pacific R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lizzie Jameson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Delhi, Ontario, Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 51 years, and that Mrs. Charles Stevens (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Gordon Signature

264 So. Capital, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of December, 19 44

(SEAL) W. L. Breswick, Clerk of the Dist. Court, by Lulu Farebauer, Deputy Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on December 12, 1944 by Mabel F. Elder, Registrar

Form DPH-51130

JAN 28 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369 126 630 - 369

399496

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gemini (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: In THIS county 26 years 8 months 18 days 26

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 51 yrs.

3. RESIDENCE OF FATHER (city, state) same as above

4. FULL NAME OF CHILD Edward Corrigan

5. Date of Birth of Child (Month, day, year) Oct. 26, 1893

6. Sex Boy

7. Twin or Triplet If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME John James Corrigan
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Peru (City or town) Illinois. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Corrigan
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Cameron Co. Texas (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at Home M. on the date and at the place stated above, and that personal particulars were furnished by Bessie Corrigan (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Decent Date

AFFIDAVIT

State of Idaho } ss.
County of Gemini Co. }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 51 years, and that Elizabeth (First name) Fox (Last name), who attended this birth Decent (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Corrigan Signature

Box 86, Glenns Ferry, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of December, 1944.

(SEAL) A. B. Clements, Notary Public, residing at Glenns Ferry Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 27 1944 by Mabel Nelson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-11-029-766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399562
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City
   (c) Street Address or R.F.D. No. 3 Palouse Washington
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City
   (d) Street Address or R.F.D. No. 3 Palouse Wash.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Latah Co Ida

4. **FULL NAME OF CHILD** Frederick Marshall Kincaid

5. Date of Birth of Child (Month, day, year) Jan 14, 1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Madison Kincaid
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Kentucky (City or town) (State or ~~foreign country~~)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie May Powers
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Jane Co. Ore (City or town) (State or ~~foreign country~~)
20. Exact Occupation housewife
21. Industry or Business housework

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Whitman }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 52 years, and that Dr. Pagett (First name), who attended this birth is now deceased (~~Is now deceased~~) (Cannot be located), to the best of my knowledge and belief I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie M Kincaid Signature

Palouse, Wash. P. O. Address

Subscribed and sworn to before me this 2 day of Jan, 19 45

(SEAL) Allan Sanders, Notary Public, residing at Palouse, W

(Note: Perjury is punishable as a felony in ~~Idaho~~; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1945 by Mary Fields, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 8 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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219-018-002-791

400839

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County ALPINE (b) City INDIAN VALLEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State IDAHO (b) County ALPINE
(c) City INDIAN VALLEY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state): SAME

4. **FULL NAME OF CHILD** [redacted] INNIE LEE BAILEY
5. Date of Birth (Month, day, year) AUG 18, 1893
6. Sex FEMALE
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** THOMAS LEE BAILEY
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace OREGON (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ELIZABETH GRAY
17. Color or Race WHITE
18. Age at time of THIS birth 18 yrs.
19. Birthplace LE GRAND, OREGON (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 24 1945 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of CALIFORNIA
County of SONOMA } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MRS NANNIE REBANUS, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) MINNIE LEE (Name of person on certificate above) as AUNT (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that [redacted] MATTIE GRAY (Name of attendant at birth) who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

(SEAL)

Mrs Nannie Rebanus Signature
1517 HUMBOLDT ST. SANTA ROSA P. O. Address

Subscribed and sworn to before me on this 17 day of January, 1945

Eleanor Nelson Notary Public, residing at 647 Alcatraz Ave Oakland Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

391 -230-006-231

400932

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Lewisville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Child born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Lewisville
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Lewisville, Ida.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Parthenia Blair Crabtree

5. Date of Birth (Month, day year) Jan. 30, 1893

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Frederick Aston Crabtree
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Blair
17. Color or Race white **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Logan, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 5 1945 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Margaret Crabtree, being first duly sworn, say that I am related to (Related to (or) acquainted with) Parthenia Blair Crabtree Bishop as Mother (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Blair (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret Crabtree
Signature
142 N. Ridge Ave., Idaho Falls, Idaho.
P. O. Address

Subscribed and sworn to before me on this 29th day of January, 19 45

(SEAL) [signature] Notary Public, residing at Idaho Falls, Ida.

My Commission Expires June 26th, 1947

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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689-117-029-043

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

FEB 2 1945

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400962
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Princeton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Princeton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** George Lemuel Whitney

5. Date of Birth of Child (Month, day, year) Jan. 17 1945

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Mandley Whitney
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Maine (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Catherine Bull
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace St Francis Minnesota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Latah }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 5 7 years, and that Catherine Anne Mendenhall (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Henry Bull Signature

Potlatch Idaho P. O. Address

Subscribed and sworn to before me this "3P" day of January, 1945.

(SEAL)

P M Parsons Notary Public, residing at State of Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC for the State of Idaho
Residing at Paduch, Idaho
My Commission Expires Nov. 8, 1948

Received for filing on FEB 5 1945 by Mary E Taylor, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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556 715030-493

402129

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

FEB 19 1945

1. PLACE OF BIRTH
(a) County (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN THIS county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.
(f) Mother's mailing address 1717 - 41 St. Sacto.

3. RESIDENCE of FATHER (city, state) Calif.

4. FULL NAME OF CHILD Laura Glen Newton

5. Date of Birth (Month, day year) NOV. 15, 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. **9.** Legitimate? Yes!

FATHER OF CHILD

10. FULL NAME Wm. Glen Newton
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Hull (City or town) England (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura May Mitchell
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Nova Scotia, Canada (City or town) (State or foreign country)
20. Exact Occupation Home - wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 22 1945 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.) and address Date

State of California } ss.
County of Sacramento }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Wm G. Newton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Laura Glen Newton as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor ?, who attended said birth is now deceased (Name of attendant at birth) (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Wm G. Newton Signature
1717-41 St. Sacramento Calif. P. O. Address

Subscribed and sworn to before me on this 16th day of February, 19 45

(SEAL) Keck Chamness Notary Public, residing at Sacramento Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

248-220004-219

402230

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Bern
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years 1 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Bern
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bern Idaho

4. **FULL NAME OF CHILD** Sarah Buhler

5. Date of Birth of Child (Month, day, year) Feb 20 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christian Buhler Sr

11. Color or Race White

12. Age at time of THIS birth 49 yrs.

13. Birthplace Buessermenn (City or town) Switzerland (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Bartschi

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Eggiwyle (City or town) Switzerland (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 1 a M. on the date and at the place stated above, and that personal particulars were furnished by Lizzie (First name) Allemann (Last name) who is related as Sister (Mother, etc.)

25. Attendant's **OWN** signature — ~~M.D.~~ Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Bear Lake }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 52 years, and that Mrs Dreyer (First name) Shaffer (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lizzie Allemann Signature

Bloomington Idaho P. O. Address

Subscribed and sworn to before me this 5-14 day of March, 1945

(SEAL) Albert E. Leeman, Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1945 by Mary Hodgen, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

256 205 014 445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 402271
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yr. 11 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell Idaho

4. **FULL NAME OF CHILD** Ollie Snodgrass

5. Date of Birth of Child (Month, day, year) March 5. 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy Normal

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Everett Snodgrass
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Boonville Mo. (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber for self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Keegan
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Boonville Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at P.M. M. on the date and at the place stated above, and that personal particulars were furnished by Anna Belle Moore, (First name) (Last name), who is related as Aunt. (Mother, etc.)

25. Attendant's **OWN** signature Anna Belle Moore M.D. Midwife Address 320 Sierra Way Dinuba Calif Date

AFFIDAVIT

State of Calif. } ss.
County of Tulare. }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for all her life. years, and that Dr. (First name) Isham (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Belle Moore Signature

320 Sierra Way, Dinuba, Cal. P. O. Address

Subscribed and sworn to before me this 19th day of January, 19 45

(SEAL) E. McCormack, Notary Public, residing at Dinuba, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1945 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 14 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763 220 044-296

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402273
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Washington (b) City Midvale
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay BEFORE delivery: In THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Midvale
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale.Ida

4. FULL NAME OF CHILD Ruth Olive Potter

5. Date of Birth of Child (Month, day, year) Aug 20 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Daniel Casper Potter
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Prinston (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Theresa Jenney Broyles
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Prinston (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Washington }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 51 years, and that Mrs.Ellen Reavis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Etta Potter Branch Signature

Midvale Idaho P. O. Address

Subscribed and sworn to before me this 5th day of March, 1945.

(SEAL) J.T.Goodnight, Notary Public, residing at Midvale.Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1945 by Mabel Hyde, Registrar

MAR 14 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315 117 001 866

402799 402299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402299
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Cornell
   (c) Street Address or R.F.D. No. Hornet Creek R.F.D
   (d) Name of Hospital or Maternity Home: At Home,
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Cornell
   (d) Street Address or R.F.D. No. Hornet Creek R.F.D
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Charles Lane

5. Date of Birth of Child (Month, day, year) Sept. 17, 1893

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Martin Burten Lane
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Indianapolis Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Cornelia Hoffman
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace New York (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

~~23.~~ **Number of children of this mother:** (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Oregon
County of Deschutes } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 89 years of age, that I have known this person for 52 years, and that Elizabeth (First name) Lane (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah C. Lane Signature

P. O. Address

Subscribed and sworn to before me this 9th day of January 1945

(SEAL) M. E. Gellert, Notary Public, residing at Bend Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires Oct 13, 1948

Received for filing on by , Registrar

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DELAYED

551 204029 245

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403434
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Carrie May B Evans

5. Date of Birth of Child (Month, day, year) Jan. 4, 1893

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Abraham Lincoln Evans
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zoe May Bunnell
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Calhoun County, Mich. (City or town) (State or foreign country)
20. Exact Occupation Musician
21. Industry or Business

22. ~~Name~~ ~~prophylactic~~ used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Canyon } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 52 years, and that Thos. Ray (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles A. Bunnell Signature
Rte 1 Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1945.

(SEAL) Vera Holmes, Notary Public, residing at Nampa, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 29 1945 by Mary Helder, Registrar

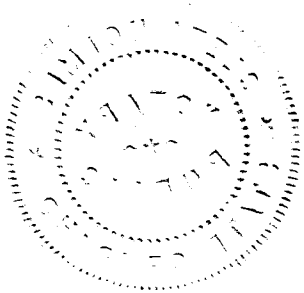
MY COMMISSION EXPIRES MARCH 10, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



MAR 29 1945

137-212 040 439

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

APR 13 1945

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 403581
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Mullan
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Mullan
   (d) Street Address or R.F.D. No. --
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Mullan, Idaho

4. **FULL NAME OF CHILD** Ann McDonald

5. Date of Birth of Child (Month, day, year) July 12, 1893

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John R. McDonald
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace St. Raphaels, Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine McRae
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace St. Raphaels, Ontario, Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Oregon
County of Clackamas } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 51 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Duncan McDonald Signature

P. O. Address

Subscribed and sworn to before me this 31st day of March 1945.

(SEAL) M. A. Mather, Notary Public, residing at Clackamas Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.) Expires 12/25/45

Received for filing on by Mary F. Elder, Registrar

APR 1 8 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-20-4035-415

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 11 1945

State File No.
Local Reg. No. 403591
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Cedarville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Cedarville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 Mos.

3. **RESIDENCE OF FATHER** (city, state) Cedarville Ida

4. **FULL NAME OF CHILD** Elnora Stalnaker

5. Date of Birth of Child (Month, day, year) Feb. 4, 1893

6. Sex Female

7. Twin or Triplet --- If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9 Mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Ausbury Stalnaker
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Leedsville, West Va. (City or town) (State or foreign country)
14. Exact Occupation Farmer,
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leeann Daniels
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Beverley, West Va. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of Clarkston Asotin }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 52 years, and that Mrs. E.A. Paterson & Mrs. John W. Crab (First name) (Last name), who attended this birth are now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Isa. H. Stalnaker Signature

Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 7th day of April 1945

(SEAL) A. M. Rognstad, Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR-17 1945 by Mary E. Hales, Registrar

APR 2 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-212025-523

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 10590
Local Reg. No.
Reg. Dist. No.

APR 19 1945

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Cottonwood
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Cottonwood
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cottonwood Idaho

4. **FULL NAME OF CHILD** Clara Geneva Kincaid

5. Date of Birth of Child (Month, day, year) Feb. 12, 1893

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Lorenza Kincaid
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Lenoire (City or town) North Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Emaline Estes
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Collettsville (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Joseph (First name) Kincaid (Last name) who is related as father (Mother, etc.)

25. Attendant's OWN signature [signature] M.D. Midwife Address 930 Hollowayave San Francisco Date 4/10/45

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 25 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

292-120-028-818

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404610
Local Reg. No.
Reg. Dist. No.

APR 23 1945

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d Alene
   (c) Street Address or R.F.D. No. 5 th street
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d Alene
   (d) Street Address or R.F.D. No. 5 th
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Frank Bee Bishop

5. Date of Birth of Child (Month, day, year) Aug. 20, 1893

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Lewis Bishop
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Saginaw (City or town) Mich., (State or foreign country)
14. Exact Occupation Drayman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Alice Hays
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Piketon (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:00 M. on the date and at the place stated above, and that personal particulars were furnished by Hattie (First name) Bishop (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — **Address** — **Date**

AFFIDAVIT

State of Idaho } ss.
County of Shoshone }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 52 years, and that Dr. Lydell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie A. Bishop Signature

Kellogg Idaho P. O. Address

Subscribed and sworn to before me this 16 day of April, 1945.

(SEAL)

May 24 Stout, Notary Public, residing at Kellogg Ida.,

(Notary is authorized to administer oath in Idaho, see Sec. 17-914, Idaho Code Annotated)

COMMISSION EXPIRES JUNE 3, 1945

APR 23 1945

Received for filing on ..... by Mary Fylder, Registrar

APR 2 6 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 208 036-254

United States Department of Commerce Bureau of the Census

MAY 1 1945 (Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404720
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Franklin, Idaho
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Utah (b) County Cache
   (c) City Lewiston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston, Utah.

4. **FULL NAME OF CHILD** Ruth Lapreal Orchard

5. Date of Birth of Child (Month, day, year) Dec. 8, 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Joseph Orchard
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Bulkington (City or town) England (State or foreign country)
14. Exact Occupation Section Foreman
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Kemp
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace E. Ruston (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of ~~Idaho~~ Utah } ss.
County of Cache }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 52 years, and that ##### (First name) Mrs Flax ####### (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adam Orchard Signature
Lewiston, Utah. P. O. Address

Subscribed and sworn to before me this 3rd day of May, 1945

(SEAL)

Allen F. Hunter, Notary Public residing at Lewiston, Utah.
My Com. Exp. Date 9-17-47

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1945 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 - 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263-215019 165 MAY 7 1945

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 404722
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 10 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Martha Elizabeth Bottorff

5. Date of Birth of Child (Month, day, year) Wednov 15-1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Bottorff
11. Color or Race White
12. Age at time of THIS birth Unknown yrs.
13. Birthplace Not known (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marietta Jones
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Finch Ford Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 51 years, and that Jennie (First name) Dodge (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary J. Baxter Signature
Challis Idaho P. O. Address

Subscribed and sworn to before me this 1 day of May, 1945.
(SEAL) J. Tom Boyd, Custer Co. Probate Notary Public, residing at Challis, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1945 by Mabel Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 - 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

122-204-025553

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404820
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Cottonwood
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 11 months 30 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Cottonwood
   (d) Street Address or R.F.D. No. - - - - -
   (e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cottonwood

4. **FULL NAME OF CHILD** Ida C. Asker

5. Date of Birth of Child (Month, day, year) 6-4-1893

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Louis M. Asker
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Ostra Emterveek (City or town) Swweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ginu Nelson
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Rendalin (City or town) Norway (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum no
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ——— (Born alive, stillborn) at ——— M. on the date and at the place stated above, and that personal particulars were furnished by ——— (First name) ——— (Last name) who is related as ——— (Mother, etc.)

25. Attendant's **OWN** signature ——— M.D. Midwife Address ——— Date ———

AFFIDAVIT

State of Idaho } ss.
County of Nez Perce }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for all her life years, and that Mrs. (First name) Moberg (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dina Asker Signature

1436-G-Street Lewiston, Ida. P. O. Address

Subscribed and sworn to before me this 12th day of May, 19 45

(SEAL) C. P. Linville, Notary Public residing at Lewiston, Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1945 by Mary Miller, Registrar

MAY 2 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

S97-119-029-893

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405958
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 1 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Kendrick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick, Ida

4. **FULL NAME OF CHILD** Frank Elmer Nixon

5. Date of Birth of Child (Month, day, year) 2-19-1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Alexander Nixon
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Ireland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Florence Hill
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Clio Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Asotin } ss.
County of Washington }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 52 years, and that Lydia Fay (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

*Martha Florence Green Signature

1123-8th Street, Clarkston, Wn. P. O. Address

Subscribed and sworn to before me this 29 day of May 1945.

(SEAL)

Burt C Halsey, Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1945 by Mary Fylder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-124-016-842

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 40596
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Elba
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Elba
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Elba Idaho

4. **FULL NAME OF CHILD** Wesley Dean Taylor

5. Date of Birth of Child (Month, day, year) 1/24/93

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAMES** Thomas Taylor
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Montrose (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Hubbard
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho, County of Cassia } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 52 years, and that Dr. R. T. Story (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

D. A. Taylor Signature

Burley, Idaho P. O. Address

Subscribed and sworn to before me this 28th. day of May, 1945

(SEAL) Wm. H. Wooden, Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1945 by Mabel Fisher, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1945

NOV 15 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-203-014-466

405979

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405979
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell Ida.

4. **FULL NAME OF CHILD** Goldie Campbell

5. Date of Birth of Child (Month, day, year) April - 3-1893

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel D. Campbell
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation Livery Stable
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Basheba Moudy
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Hannibal County, Mo. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Rose Belle Moudy (First name) (Last name) who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Rose Belle Moudy M.D. Midwife Address 4336 Alla Road Date Fremont California

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1945 by Mabel Felder, Registrar.

JUN 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

645 - 115 - 029 - 791

406069

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406069
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Princeton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Princeton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Terence Waverly Fields

5. Date of Birth of Child (Month, day, year) June 19, 1893

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lee Davis Fields
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Taylorville (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Gray
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Genoa (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife _____ Address _____ Date _____

AFFIDAVIT

State of Nevada
County of Douglas } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for lifetime years, and that Person unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Morton Gray Signature

Gardnerville, Douglas Co., Nevada. P. O. Address

Subscribed and sworn to before me this 4th day of June, 1945.

(SEAL) Lenore L. Rieck, Notary Public, residing at Minden, Nev.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 8 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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955-120-044-666

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406140
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County WASHINGTON (b) City NEAR COUNCIL
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County IDAHO
   (c) City RANCH NEAR RIGGINS
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 63 yrs.

3. **RESIDENCE OF FATHER** (city, state) RIGGINS IDA.

4. **FULL NAME OF CHILD** Clinton Reeves

5. Date of Birth of Child (Month, day, year) Nov. 20 1893

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD (DECEASED)

10. **FULL NAME** Louis Elmer Reeves
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace John Day (City or town) Oregon (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabelle Woods
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Near Littlerock (City or town) Calyco (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 6 P.M. on the date and at the place stated above, and that personal particulars were furnished by ~~Matilda Woods~~ (First name) (Last name) who is related as Mother (Mother, etc.) deceased

25. Attendant's **OWN** signature Metilda Woods M.D. Midwife Address Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for life years, and that Metilda Wood (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabelle Reeves Signature

Riggins Idaho P. O. Address

Subscribed and sworn to before me this 15 day of June, 1945.

(SEAL) John H. Clay, Notary Public, residing at Riggins

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1945 by Mabel Hyde, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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844-73C-004-375

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407228
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Paris
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Paris
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Paris, Idaho

4. **FULL NAME OF CHILD** George Lawrence Humpherys

5. Date of Birth of Child (Month, day, year) July 30, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Albert Humpherys
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Paris (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delilah Ann Lindsay
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Paris (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 52 years, and that Jane (First name) Sparks (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Delilah Ann Lindsay Humpherys (Signature)
314½ 11th St. Sparks Nev. (Address)

Subscribed and sworn to before me this 19th day of June 1945.

(SEAL) Louise Lindsay, Notary Public, residing at Carson City Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES JUNE 28, 1947

Received for filing on JUN 26 1945 by [illegible] Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 28 1945

MAY 9 1958

SEP 10 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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314 208 029 314

407272

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407272
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: on farm 5 miles from town
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Near Moscow
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Ida.

4. **FULL NAME OF CHILD** Ann Cameron

5. Date of Birth of Child (Month, day, year) 1/8/93

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Murdo Cameron
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Ullapool, Scotland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ann McKenzie Cameron
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Ullapool, Scotland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Latah }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 52 years, and that Dr. Blake (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

v Callie Cameron Signature

P. O. Address

Subscribed and sworn to before me this 29th day of June, 1945.

(SEAL)

Notary Public, residing at Moscow, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 8 1945 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 12 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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215-123-001-238

407273

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407273
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1121 Hays St.
   (d) Name of Hospital or Maternity Home: In own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years 8 months 19 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1121 Hays St.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Frank Augustus King

5. Date of Birth of Child (Month, day, year) 6/23/1893

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sherman G. King
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Milwaukee, Wis. (City or town) (State or foreign country)
14. Exact Occupation Business man
15. Industry or Business Insurance

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth I. Schnabel
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Boise, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Minnesota
County of Olmsted } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 52 years, and that Dr. Geo. Collister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

ANGELA M. WAGNER
Notary Public, Olmsted County, Minn.
My Commission expires July 18, 1951

/ Elizabeth I. King Signature

Hillside Apt. 203, Rochester, Minn. Address

Subscribed and sworn to before me this 30th day of June, 1945

(SEAL) / Angela M. Wagner Notary Public, residing at Rochester, Minnesota.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 9 1945 by Mabel Felder, Registrar

Be sure only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 12 1960

JUL 10 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

dup of 1893-1955

331-103001 258

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 107370
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county one years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Richard Edgar Clark

5. Date of Birth of Child (Month, day, year) Nov. 3, 1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Albert Clark
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Ontario (City or town) Canada (State or foreign country)
14. Exact Occupation Stationary Engineer
15. Industry or Business City employee

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Louisa Keyes
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Cargill (City or town) Ontario, Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Montana
County of Valley } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 60 years of age, that I have known this person for 51 years, and that I cannot recall the doctor's name (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo A. Clark Signature

Glasgow Mont P. O. Address

Subscribed and sworn to before me this 11th day of July, 1945.

(SEAL) E. Brown, Notary Public, residing at Glasgow Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My com expires 10-6-46

Received for filing on JUL 18 1945 by Mary Fields, Registrar

JUL 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

Dup of 93-40340

214-211 223 493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 40845 7
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Ida.

4. **FULL NAME OF CHILD** Jeannette Florence Sams

5. Date of Birth of Child (Month, day, year) Jan. 11, 1893

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Thomas Bert Sams
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace United States (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Miller
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace United States (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

State of Idaho } ss.
County of Gem }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 52 years, and that Mrs. Will Cupp (First name) (Last name), who attended this birth is deceased (Is now deceased) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Elisa J. Amen Antone Signature

Emmett, Idaho. P. O. Address

Subscribed and sworn to before me this 25 day of July, 1945.

(SEAL)

..... Notary Public, residing at Emmett

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1945 by Mary Fylan, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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238 104 004 133

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408483
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Ida.

4. **FULL NAME OF CHILD** Charles August Schmid

5. Date of Birth of Child (Month, day, year) Jan. 4, 1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Schmid
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Zurich (City or town) Switzerland (State or foreign country)
14. Exact Occupation Tailor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Von Allman
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Bern (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was [illegible] (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bear Lake } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 52 years, and that Dr. C. A. Hoover (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Calise Schmid Jensen Signature

Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of July, 1945.

(SEAL) Albert E. Leeseght, Notary Public, residing at Montplier, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1945 by AUG 17 1945 [illegible] Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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449 · 209 044 · 219

United States
Department of Commerce
Bureau of the Census *now Adams

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 408493
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington* (b) City Indian Valley
   (c) Street Address or R.F.D. No. rural
   (d) Name of Hospital or Maternity Home: Parents' home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington*
   (c) City Indian Valley
   (d) Street Address or R.F.D. No. rural
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Indian Valley Idaho

4. **FULL NAME OF CHILD** DELLA ANN MURPHY

5. Date of Birth of Child (Month, day, year) July 9, 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** WILLIAM FRANKLIN MURPHY
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Tuscola, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SUSAN MITCHEL BARBOUR
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Polk County, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Adams }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 76 years of age, that I have known this person for 52 years, and that Mrs. Wm. Corriell (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ William F. Murphy Signature

Indian Valley, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of July, 1945

(SEAL) C. A. Swanson, Notary Public residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1945 by Mary Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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995-208-038-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410829
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Payette (b) City Payette
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Payette
   (c) City Payette
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Ida.

4. **FULL NAME OF CHILD** Margaret May Rinker

5. Date of Birth of Child (Month, day, year) July 8, 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Wisley Rinker
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace South English, Iowa (City or town) (State or foreign country)
14. Exact Occupation Water Master
15. Industry or Business Water Master

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Agnes Lamb
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Clarksville, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Bannock }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 52 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Lamb (MARY LAMB) Signature

Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of September, 1945

(SEAL)

Notary Public, residing at Pocatello, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 4 1945 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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345-202-004-134

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410844
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Paris
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Paris
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Paris, Idaho

4. **FULL NAME OF CHILD** Adeline Elizabeth Tueller

5. Date of Birth of Child (Month, day, year) Jan. 2 - 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christian Tueller
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Oberwyle (City or town) Switzerland (State or foreign country)
14. Exact Occupation Bricklayer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Von Almen
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Langnau (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 1 P.M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Christian Tueller (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature Christian Tueller M.D. Midwife Address Paris Idaho Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 1945 by Mark Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-223-028-995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410846
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Kootenai (b) City Hope
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay BEFORE delivery: In THIS county 2 years 9 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Hope
   (d) Street Address or R.F.D. No. None
   (e) How long has MOTHER lived in Idaho? Two yrs.

3. RESIDENCE OF FATHER (city, state) Hope, Idaho

4. FULL NAME OF CHILD Myrtle May Call

5. Date of Birth of Child (Month, day, year) February 23, 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George M. Call
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Reading (City or town) New York (State or foreign country)
14. Exact Occupation Shingle Sawyer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna M. Zieman
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace ---------- (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of King }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 52 years, and that Mrs. Harry Manning (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas W. Call Signature
3723-41st Ave. S.W., Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 22nd day of September, 1945

(SEAL) Robert F. Sandall, Notary Public, residing at Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 1945 by Mabel Felder, Registrar

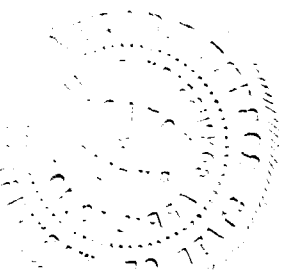
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



791-210-044-717

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410851
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. Idaho
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser Idaho

4. **FULL NAME OF CHILD** Rosie Leanora Pratt

5. Date of Birth of Child (Month, day, year) Aug. 10, 1893

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Barney Pratt
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Castle Rock (City or town) Colorado (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Retta Louise Page
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Wichita (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of California } ss.
County of Butte }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 52 years, and that Em (First name) Baton (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Retta Louise Pratt Signature
820 Cedar St. Chico, Calif. P. O. Address

Subscribed and sworn to before me this 26th day of September, 1945.

(SEAL) L M Porter, Notary Public, residing at Chico, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-231-T 04-553

412017

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Fish Haven
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Fish Haven
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Fish Haven Ida.

4. **FULL NAME OF CHILD** Viola Louella Richardson

5. Date of Birth of Child (Month, day, year) March 31-1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alonzo King Richardson
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Idamtuella Utah (City or town) (State or foreign country)
14. Exact Occupation Sawmill
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jeanette Nelson
17. Color or Race White.
18. Age at time of THIS birth 19 yrs.
19. Birthplace Salt Lake City (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — **Address** — **Date**

AFFIDAVIT

State of Oregon
County of Harney } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 52 years, and that Martha (First name) Shirley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jeanette Richardson Signature

240 Aggate Eugene Or. P. O. Address

Subscribed and sworn to before me this 25 day of Oct, 1945.

(SEAL) C. A. Barkell, Notary Public, residing at Burns

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1945 by Mary Taylor, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 5 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-220-029-914

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 412064
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Mary Edna Davis

5. Date of Birth of Child (Month, day, year) July 20, 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Everett L Davis
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Lewistown (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabelle Ramsey
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Red Feed (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 52 years, and that Dr Watkins (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Everett L Davis Signature
Belle Fourche S. Dak. P. O. Address

Subscribed and sworn to before me this 2nd day of October, 1945.

(SEAL) Ella McNulty, Notary Public, residing at Spokane Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 8 1945 by Mona Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666 101 014-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413029
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** Samuel Wesley Woody

5. Date of Birth of Child (Month, day, year) May 1, 1893

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Martin Woody
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Savannah, Georgia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine M. Wittle
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Philadelphia, Penn (City or town) (State or foreign country)
20. Exact Occupation homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Gem } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the acquaintance (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 52 years, and that Dr. Climber (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Brenda Wilson Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of November 19 45
(SEAL) Margaret Smoke, Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1945 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SOCIA
MAY 20 1945
FEB 16 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

999 120 029-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413097
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Kendrick, Idaho
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county XX years 5 months XX days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Kendrick
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? XMo.##

3. **RESIDENCE OF FATHER** (city, state) Kendrick, Ida-

4. **FULL NAME OF CHILD** Floyd Otha Hendrickson

5. Date of Birth of Child (Month, day, year) Nov. 20, 1893

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Thomas Hendrickson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Clark County (City or town) Missouri (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Contract for Self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esta Senoria Burrow
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Lee County (City or town) Iowa (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None as known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife _____ Address _____ Date _____

AFFIDAVIT

State of Oklahoma } ss.
County of Tulsa }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 52 years, and that _____ (First name) _____ (Last name), who attended this birth _____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Thomas Hendrickson Signature

Tulsa, Okla. 1401-1/2 So. Cheyenne St. P. O. Address

My commission expires June 16, 1947

Subscribed and sworn to before me this 27 day of November, 1945

(SEAL) Gladys Robeson, Notary Public, residing at Tulsa Okla

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1945 by Mary Hall, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

339-115-004-867

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 415298
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Paris
   (c) Street Address or R.F.D. No. --
   (d) Name of Hospital or Maternity Home: --
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Paris
   (d) Street Address or R.F.D. No. --
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** John Leslie Clifton

5. Date of Birth of Child (Month, day, year) Oct. 15, 1893

6 Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Heber Clifton
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Paris, Bear Lake County, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Jane Hoge
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Carlisle, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Province of Alberta
County of Canada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 52 years, and that Doctor Hover (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo Hoge Signature

Granum, Alberta, Canada P. O. Address

Subscribed and sworn to before me this 14th day of January ---------- 19 46

(SEAL) John Z Fawcett, Notary Public, residing at Macleod, Province of Alberta

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1946 by Mary Miller canada, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316-105-037-493

416 361

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416361
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City 3-Creek P.O.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home Ranch
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Three Creek P.O.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) 3-Creek P.O.

4. **FULL NAME OF CHILD** Albert Roscoe Lawson

5. Date of Birth of Child (Month, day, year) Nov. 5. 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Hiram D Lawson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Little Rock, Ark. U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Cattle Raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zuley ~~Lawson~~ Mitchell
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Nashville, Tenn. (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the life long friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 52 years, and that Mary E. Faraday (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of ~~my knowledge~~, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

M. E. Faraday Signature

Mountain Home, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of March 1946

(SEAL) Mabel Holden, Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

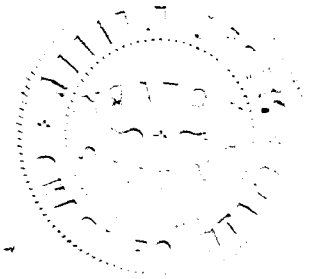
Received for filing on March 26 - 1946 by Mabel Holden, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



I, Margaret L. Robertson, Notary Public in and for the State of Idaho, state that I have examined the honorable discharge from the United States Army of Albert R. Lawson, 2570232, who was a Private in Company "F", Twelfth Infantry, and find that said discharge shows Albert R. Lawson to have been born at Three Creek, State of Idaho and when enlisted was twenty-four years and nine months of age, by occupation a farmer. Further, that the said enlistment occurred at Silver City, Idaho on August 9, 1918. This discharge appears to be regular in every way and from its appearance it is apparently twenty-five, or more, years old.

From such examination, I conclude that the said discharge was issued to Lawson in the regular manner of approximately the date of March 8, 1919.

M L Robertson
Notary Public

MAR 26 1948

I, Margaret L. Robertson, Notary Public in and for the State of Idaho, state that I have examined the honorable discharge from the United States Army of Albert R. Lawson, 2570232, who was a Private in Company "F", Twelfth Infantry, and find that said discharge shows Albert R. Lawson to have been born at Three Creek, State of Idaho and when enlisted was twenty-four years and nine months of age, by occupation a farmer. Further, that the said enlistment occurred at Silver City, Idaho on August 9, 1918. This discharge appears to be regular in every way and from its appearance it is apparently twenty-five, or more, years old.

From such examination, I conclude that the said discharge was issued to Lawson in the regular manner of approximately the date of March 8, 1919.

Margaret L. Robertson
Notary Public

993-22-001-65

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 416397
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Boise City
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: ____
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City Boise City
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise City

4. **FULL NAME OF CHILD** Sarah Leona Rice

5. Date of Birth of Child (Month, day, year) July 22, 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William J. Rice
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Boise City, Idaho (City or town) (State or foreign country)
14. Exact Occupation ____
15. Industry or Business ____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Leona Welch
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Boise City, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ____

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California
County of Fresno } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for since birth years, and that attendant unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie Rice George Signature

1229 P St., Fresno, Calif. P. O. Address

Subscribed and sworn to before me this 21st day of January, 1946.

(SEAL) Alicemae Kieffer Notary Public, residing at Fresno, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Amendment dated 16, 1949.

Received for filing on MAR 14 1946 by Mary Felder, Registrar

APR 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

639-109-022-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417368
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Parker
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Parker
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 56 yrs.

3. **RESIDENCE OF FATHER** (city, state) Parker - Ida.

4. **FULL NAME OF CHILD** Henry Leonard Flint

5. Date of Birth of Child (Month, day, year) Aug. 9 - 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Martin Flint
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Elizabeth Smith
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Farmington Utah, (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now -59- years of age, that I have known this person for -52- years, and that Mrs. Albert Crapo (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo. M. Flint sr Signature

Parker, Idaho. P. O. Address

Subscribed and sworn to before me this 2nd. day of April, 1946.

(SEAL) Ralph Littau, Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1946 by Ralph Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-215-006-284

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417380
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Iona
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Iona
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Iona Idaho

4. **FULL NAME OF CHILD** Esther Denning

5. Date of Birth of Child (Month, day, year) 4/10/1899

6. Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Henry Denning Sr
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Roamothshire (City or town) England (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Jane Squires
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Utah
County of Weber } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 52 years, and that Mrs R.W. Denning (First name) midwife (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Squires Denning Signature

1172-24th St. Ogden Utah P. O. Address

Subscribed and sworn to before me this 11th day of April 1946

(SEAL) Notary Public, residing at Ogden, Utah

(Notary Public is appointed as a Judge in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1946 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1 796-205-066-513

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417383
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. PLACE OF BIRTH:
   (a) County Bingham (b) City Woodville
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home: At home of parents
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home ____ Days
   In THIS County 5 years ____ months ____ days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City Shelley, RFD 1
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? 16 yrs.
   (f) Mother's mailing address (for registration notice): Mother died in 1904
   (Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Martha E. Gifford (new ~~Martha E.~~ Huntsman)

5. DATE OF BIRTH (Month, day, year) Nov. 5, 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George W. Gifford

11. Color or Race white

12. Age at time of THIS birth 38 yrs.

13. Birthplace Manti, Utah (City or Town) (State or foreign country)

14. Exact Occupation farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louisa Hale

17. Color or Race white

18. Age at time of THIS birth 37 yrs.

19. Birthplace Hooper, Utah (City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Was a standard serological test for syphilis performed? Yes ____ No ____ Approximate date ____

23. Name prophylactic used to prevent Ophthalmia Neonatorum ____

24. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
   (c) Born alive and now dead 2 (d) Stillborn

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Louisa Hale Gifford (First name) (Last name), who is related to this child as mother (Mother, etc.)

27. (a) APR 16 1946 (Date received) (b) Mabel Holder (Registrar's signature)

26. Attendant's OWN signature A. NANCY MATHEWS Midwife (M.D., Midwife, etc.) and address Shelley, Idaho Date 4/2/46

28. Given name added on ____ by ____ (Registrar's signature)

Sworn to before me this 2nd day of April, 1946,
L. Dale Lemon, Notary Public

APR 17

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, **within 10 days after the date of birth;** and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) ~~Congenital Malformation?~~ _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(e) Signature of Physician:

_____

DELAYED

619-22-2929-731

417393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) ~~Street Address or~~ R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) ~~Street Address or~~ R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho 44 yrs

4. **FULL NAME OF CHILD** Jessie Myrtle Wardrobe

5. Date of Birth of Child (Month, day, year) July 22, 1893

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew Mark Wardrobe
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Glasgow (City or town) Scotland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabelle Slack
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Carlisle (City or town) England (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of LATAH }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 50 years, and that Dr P.S. Beck (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary H. Cunningham Signature

Genesee Idaho P. O. Address

Subscribed and sworn to before me this 26th day of March 1946.

(SEAL) [illegible], Notary Public, residing at Genesee Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1946 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-21003-699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419497
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Mound Valley
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years 7 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Mound Valley
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mound Valley, Ida.

4. **FULL NAME OF CHILD** Lora Bennett

5. Date of Birth of Child (Month, day, year) June, 11, 1893

6. Sex Female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hyrum Joseph Bennett
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Westershire, England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Wright
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business House Keeping.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Sarah A. Wright Bennett (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Utah } ss.
County of Cache }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 89 years of age, that I have known this person for 53 years, and that Ann Lacey Bennett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Ann Bennett
Signature

Box 572, Smithfield, Utah.
P. O. Address

Subscribed and sworn to before me this 10 day of May, 1946.

(SEAL)

John H. Peterson
Notary Public, residing at Smithfield, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 24 1946 by Mary F. Lee, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

354 108035 645

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419604
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Rural
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3½ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ernest David Lemons

5. Date of Birth of Child (Month, day, year) 12-8-93

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Franklin Lemons
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Richland, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elva O'Dell
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Richland, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 52 years, and that Mary Lemons (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas F. Lemons Signature

White Bird, Idaho. P. O. Address

Subscribed and sworn to before me this 24th day of May, 1946.

(SEAL) Walter Harvey Hall, Probate Judge, Notary Public, residing at Grangeville.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1946 by Mary Fields, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-208 004-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420673
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Fish Haven
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Parent's Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 11 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Utah (b) County Rich
   (c) City Randolph
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Randolph Utah

4. **FULL NAME OF CHILD** Ada Prudence McKinnon

5. Date of Birth of Child (Month, day, year) Sept 8 1893

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Archibald McKinnon
11. Color or Race White
12. Age at time of THIS birth 56 yrs.
13. Birthplace Argyleshire (City or town) Scotland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Brough
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Staffordshire (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Utah } ss.
County of Salt Lake }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 57 years, and that Mary Ann Shirley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission expires Sept 15th 1948

Jane M. Morgan Signature

460 So State St Murray Utah P. O. Address

Subscribed and sworn to before me this 28 day of June, 1946

(SEAL) Fred C. Morgan, Notary Public, residing at Murray, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1946 by Mabel Holder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469 111-036-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420674
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ONEIDA (b) City SAMARIA
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: PARENTS' HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years 11 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ONEIDA
   (c) City SAMARIA
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAMARIA IDAHO

4. **FULL NAME OF CHILD** SAMUEL MORGAN

5. Date of Birth of Child (Month, day, year) APRIL 11, 1893

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOSEPH MORGAN
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace TREDEGAR (City or town) WALES (State or foreign country)
14. Exact Occupation PUBLIC SCHOOL TEACHING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY MARGARET CLARKSON
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace ALTON (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Utah
County of Cache } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 53 years, and that Elizabeth Davis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary M Morgan Signature

Logan, Utah P. O. Address

Subscribed and sworn to before me this 27th day of June, 1946.

(SEAL) _____, Notary Public, residing at Logan, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1946 by _____, Registrar

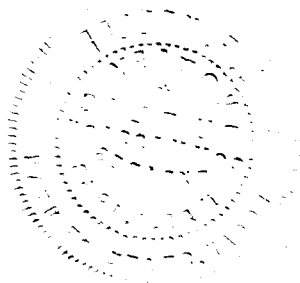
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 423255
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Kendrick (Rural)
(c) Street Address or R.F.D. No. No R.F.D. but in country
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No Rural from Kendrick
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick Idaho

4. **FULL NAME OF CHILD** Rose Taylor

5. Date of Birth of Child (Month, day, year) Nov. 22, 1843

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Albert Taylor
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Lee Buttrey
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 52 years, and that Dr. Holliday (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Buttrey Signature

R.F.D. 2, Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of August, 1946

(SEAL) Leo McCarty Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1946 by John W Wright Registrar.

OCT 2 9 1975

SEP 6

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

847 115040-751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 424572
Local Reg. No. 424572
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County SHOSHONE (b) City MULLAN
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT HOME.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County SHOSHONE
   (c) City MULLAN
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) MULLAN IDAHO

4. **FULL NAME OF CHILD** WILLIAM OTTO HUGHES

5. Date of Birth of Child (Month, day, year) JULY 15 1893

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WALTER JAMES HUGHES
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace IOWA. (City or town) (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LUCINDA ALICE PEARSON
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace ELLENSBURG, WASHINGTON. (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife **Address** **Date**

AFFIDAVIT

State of IDAHO
County of SHOSHONE } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ATTESTOR (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 50 years, and that DR. D.E. KEYS (First name) (Last name), who attended this birth, IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dominic Flynn Signature

Mullan Ida. P. O. Address

Subscribed and sworn to before me this 16th day of Sept, 1946

(SEAL) Notary Public, residing at MULLAN IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires March 1st, 1949

Received for filing on SEP 24 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 25 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-120-029 742

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 424595
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** CARL OSCAR JOHNSON

5. Date of Birth of Child (Month, day, year) June 20, 1893

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thure Johnson
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Christine Gustafson
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Pierce }

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 53 years, and that Mrs. Charlotte Gustafson (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Frieda Goncas Signature

Longview, Washington P. O. Address

Subscribed and sworn to before me this 19th day of September, 1946

(SEAL) D.E. Rogers Notary Public, residing at Tacoma

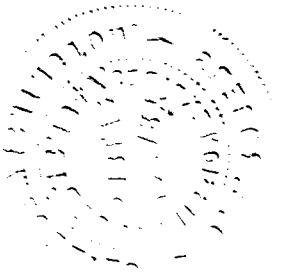
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 1946 by John W Wright, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



653-231-010-363

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 424614
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BONNEVILLE (b) City Poplar
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 11 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Poplar
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Poplar, Idaho

4. **FULL NAME OF CHILD** Ida Bell Welch

5. Date of Birth of Child (Month, day, year) Jan. 31, 1893

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Welch
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace LaChastier, England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phoebe Jane Cole
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Round Valley, Provo, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of OREGON
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 53 years, and that KATE (First name) STOFFARD (Last name), who attended this birth is now deceased or cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

235 Warm Spring Ave., Boise, Idaho. P. O. Address

Subscribed and sworn to before me this 25th day of September, 1946.

(SEAL) ____, Notary Public, residing at 8320 S. E. Stark

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. expires 2-5-50

Received for filing on OCT 10 1946 by John W Wright Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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556-23-225-123

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 425993
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Cottonwood
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1½ years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Cottonwood
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Stella Louise Newby

5. Date of Birth of Child (Month, day, year) May 23, 1893

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Alfred Newby
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Eugene, Oregon (City or town) (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business Saw mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Edna Able
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Dayton, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of WASHINGTON
County of COLUMBIA } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 53 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William A Newby Signature

Dayton, Washington P. O. Address

Subscribed and sworn to before me this 11th day of October, 1946.

(SEAL) R M Sturdevant, Notary Public, residing at Dayton, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 21 1946 by John A Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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OCT 21 1948

386-121-044-297

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426038
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Brannon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Brannon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Brannon, Idaho

4. **FULL NAME OF CHILD** TONY FRANKLIN THOMASON

5. Date of Birth of Child (Month, day, year) Jan. 21, 1893

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** WILLIAM HOOTEN THOMASON
11. Color or Race W
12. Age at time of THIS birth 24 yrs.
13. Birthplace Springfield, Missouri (City or town) (State or foreign country)
14. Exact Occupation stockman & rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** HARRIET GENELA SIPE
17. Color or Race
18. Age at time of THIS birth 17 yrs.
19. Birthplace Boone County, Arkansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Washington } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 53 years, and that Mrs. Starr (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet Thomason Signature

Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of October, 1946.

(SEAL) Margaret Vogel, Notary Public, residing at Cambridge, Ida.

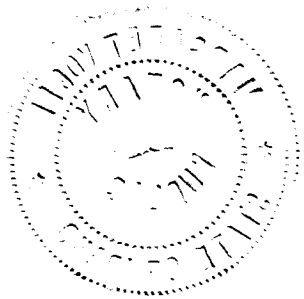
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 1 1946 by John W Wright, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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563-12-6008-363 426073

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 426073
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise Co (b) City Marsh
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Marsh Ida
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 56 yrs.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Lynn Melvin Noland

5. Date of Birth of Child (Month, day, year) 7/26/1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rufus Edagar Noland
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Brooks Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Locke
17. Color or Race W
18. Age at time of THIS birth 26 yrs.
19. Birthplace Harland Burg Pa. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Mrs Margaret Noland (Born alive, stillborn) M. on the date Now deceased and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 53 years, and that Margaret Noland (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Locke Noland Signature
Monida Idaho P. O. Address

Subscribed and sworn to before me this 14 day of December 1946, 19

(SEAL) J. S. Bunnell Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar.

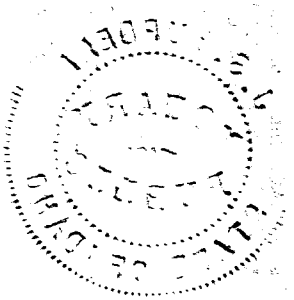
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DEC 18 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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252-125-006-287

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 427562
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Bingham (b) City Menan
   (c) Street Address or R.F.D. No. -
   (d) Name of Hospital or Maternity Home: on ranch at home of parents
   (e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Menan
   (d) Street Address or R.F.D. No. -
   (e) How long has MOTHER lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Menan, Idaho

4. FULL NAME OF CHILD Darius Earl Sessions

5. Date of Birth of Child (Month, day, year) Jan. 25, 1893

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Darius Sessions
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Bountiful, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Charlotte Theodora Shippen
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Wanship, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 50 years, and that Harriet (First name) Poole (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie L Neville Signature
Teton City, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of December, 1946

(SEAL) C H Williams, Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1946 by John W Wright, Registrar

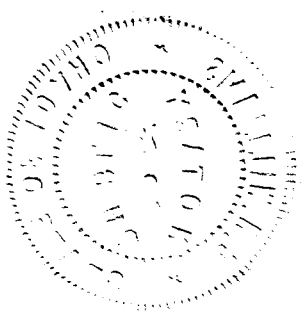
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DEC 4 1945

DELAYED REGISTRATION LAW

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915 207 029 915

430483

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. R 4
(e) How long has **MOTHER** lived in Idaho? Since 1933 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick Ida

4. FULL NAME OF CHILD Lida Hortense Randall

5. Date of Birth of Child (Month, day, year) 12-7-99

6. Sex girl **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Vanessie A. Randall
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Iowa Weldon Iowa (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business a mechanic

MOTHER OF CHILD

16. FULL MAIDEN NAME Fanny Bowen Randall
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Iowa City Iowa (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington } ss.
County of Asotin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 4 9 years, and that Ellen Strahl (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Fanny Randall Signature
914 6 St Clarkston P. O. Address

Subscribed and sworn to before me this 26 day of Mar, 19 42

(SEAL) Burt C Valley Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1947 by John W Wright Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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553-26-036-432

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 438331
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Preston
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Our own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Preston
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Benta Eliza Nelson

5. Date of Birth of Child (Month, day, year) Feb 26, 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hans Severin Nelson
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Sundby (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Eliza McKenzie
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Smithfield Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 54 years, and that Mrs. Swan (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hans Severin Nelson Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of March, 19 47.

(SEAL)

Notary Public, residing at Logan, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1947

FEB 3 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

685-103 036-462

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433332
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Preston
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Preston
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** George Ray Wheeler

5. Date of Birth of Child (Month, day, year) Aug 3 - 1893

6. Sex male

7. Twin, or Triplet X If so—born 2nd 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Washington Wheeler

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Stewartsville Va.
    (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marcisus Hanna Dobbs

17. Color or Race white

18. Age at time of THIS birth 24 yrs.

19. Birthplace Shawneetown Ill.
    (City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Utah
County of Cache } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 54 years, and that Mrs. Swan (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Helena Dobbs Signature

Logan, Utah P. O. Address

Subscribed and sworn to before me this 15th day of March, 19 47

(SEAL)

, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-202-025-168

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433373
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Kooterville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Kooterville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kooterville, Id

4. **FULL NAME OF CHILD** Marcia May Howell

5. Date of Birth of Child (Month, day, year) April 2, 1895

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Robey Howell
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Gap Creek (City or town) North Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Johnson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Chicago, (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Nez Perce }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 54 years, and that Dr. (First name) Turner (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× John Roby Howell Signature
1833 - 8th St. Clarkston, Wn. P. O. Address

Subscribed and sworn to before me this 29 day of March, 19 47

(SEAL) Dolly Jean Davies, Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1947 by John W Wright, Registrar

APR 7 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

96 3-124-029-299

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433452
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Viola
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Viola
   (d) Street Address or R.F.D. No. Gen. Del.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Viola Ida

4. **FULL NAME OF CHILD** Ernest Victor Rothwell

5. Date of Birth of Child (Month, day, year) Jan. 24, 1893

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Madison Rothwell
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Kansas City (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Belle Bristow
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Hamilton (City or town) Missouri (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7: P M. on the date and at the place stated above, and that personal particulars were furnished by George Rothwell (First name) (Last name) who is related as Brother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Latah }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 54 years, and that Dr. Walter Farnham (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Rothwell Signature
Viola Idaho P. O. Address

Subscribed and sworn to before me this 12 day of April, 1947.

(SEAL) R. O'Brien Notary Public, residing at Moscow

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com Ex Sept 8 1948

Received for filing on APR 22 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 22 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-124-016-655

APR 18 1947

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433459
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Albion
   (c) Street Address or R.F.D. No. Genl Del
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Albion
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Albion Idaho

4. **FULL NAME OF CHILD** Jessie Earl Starrh

5. Date of Birth of Child (Month, day, year) Aug 24th 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel W. Starrh
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Chasha England (City or town) (State or foreign country)
14. Exact Occupation Day laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Oma Weldon
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Corinne, Utah U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of California } ss.
County of Los Angeles }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 53 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs Maude Yeaman Signature

437 west Broadway Long Beach Calif Address

Subscribed and sworn to before me this 11 day of April 1947

(SEAL) Notary Public, residing at Los Angeles Co.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC
In and for the County of Los Angeles, State of California
My Commission Expires Oct. 22, 1950

Received for filing on APR 22 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 3 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

378-227035-993

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 434882
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Nesperce (b) City Genesee
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay BEFORE delivery: In THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Nesperce
   (c) City Genesee
   (d) Street Address or R.F.D. No. None
   (e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD Inez Irene Clay

5. Date of Birth of Child (Month, day, year) April 27, 1893

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Johann Albert Clay
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Bremen (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Ann Richardson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Boston (City or town) Massachusetts (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5.00 A M. on the date and at the place stated above, and that personal particulars were furnished by Frances (First name) Greeley (Last name) who is related as sister (Mother, etc.) (12 years older)

25. Attendant's OWN signature Frances Greeley M.D. Midwife Address 1717 Ellis Street San Francisco, California Date 4/22/47

AFFIDAVIT

State of California
County of San Francisco } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 53 years, and that Frances (First name) Greeley (Last name), who attended this birth is living (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances Greeley. Signature

San Francisco, California 1717 Ellis Street P. O. Address

Subscribed and sworn to before me this 22 day of April, 1947.

(SEAL) My Commission Expires Jul 22, 1949 Peter N. Williams Notary Public, residing at San Francisco California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar~~ for record in ~~the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-203-016-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 434903
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CASSIA (b) City ALBION
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CASSIA
   (c) City ALBION
   (d) Street Address or R.F.D. No. MAIN STREET
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) ALBION, IDAHO

4. **FULL NAME OF CHILD** RUTH MATILDA HEED

5. Date of Birth of Child (Month, day, year) DECEMBER 3rd 1893

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ALBERT HEED
11. Color or Race WHITE
12. Age at time of THIS birth 70 yrs.
13. Birthplace VIRGINIA (City or town) (State or foreign country)
14. Exact Occupation ATTORNEY AT LAW
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JULIA MADORIA PIERSON
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace WILLIARD UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 53 years, and that DR. S. STOREY M.D. (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora E Bevans Signature
San Francisco California P. O. Address
21 Boardman Ave

Subscribed and sworn to before me this 29 day of April 1947

(SEAL)

Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1947 by John W Wright Deputy, Registrar

My Commission Expires Oct. 31, 1950

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1947

JAN 29 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

921-217029-319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 436372
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Ida.

4. **FULL NAME OF CHILD** Emma Isakeen

5. Date of Birth of Child (Month, day, year) Aug. 17, 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Abraham Isakeen
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Larsen
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Home remedy if any.
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 24, above, that I am now 65 years of age, that I have known this person for 53 years, and that Mrs. Freed (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Carrie E. Hudson Signature
E 7617 Pacific ave Spokane Wash. Address

Subscribed and sworn to before me this 4th day of June, 1947.

(SEAL) Paul Quick Notary Public, residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 10 1947 by John W Wright, Registrar.

JUN 11 1947

FEB 2 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-107-039-285

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437885
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (Oneida) (b) City Rockland
   (c) Street Address or R.F.D. No. "
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Rockland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rockland, Idaho

4. **FULL NAME OF CHILD** Edward T. Sherman

5. Date of Birth of Child (Month, day, year) March 7, 1893

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** James Albert Sherman
11. Color or Race W
12. Age at time of THIS birth yrs.
13. Birthplace Council Bluff (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Barnard Sherman
17. Color or Race W
18. Age at time of THIS birth yrs.
19. Birthplace Farmington (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 54 years, and that Emily (First name) Lish (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nina Manka Signature

RD #1, Midvale, Utah P. O. Address

Subscribed and sworn to before me this 16th day of July, 19 47

(SEAL) Ben B. Bagley, Notary Public, residing at Midvale, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 19 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 21 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

439409

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 439409
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay BEFORE delivery: In THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Alice Emily Crane

5. Date of Birth of Child (Month, day, year) June 17, 1893

6. Sex female

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George L Crane
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Van Buren Co. (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Jane Obenchain
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Marshall Co. (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 54 years, and that Dr. George Collister (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie Welton Signature
1125 Lincoln Ave, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of August 1947.

(SEAL) Wm L Dunbar, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 22 1947 by John Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 23 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

852-203-029-967

40875

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 40875
Local Reg. No. 40875
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Don't know (b) City Moscow
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. R.F.D.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Thana Farzina Hesseltine

5. Date of Birth of Child (Month, day, year) Feb. 3, 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bryon Hesseltine
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace SALEM (City or town) Oregon (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Mildred Rogers
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Topeka, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 54 years, and that Dr. Clarence (First name) Gritman (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Byron Hesseltine Signature

E 1514 Central Ave Spokane Wash. P. O. Address

Subscribed and sworn to before me this 6th day of September, 1937.

(SEAL) E. E. Oman, Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on SEP 16 1937 by John W Wright, Registrar

SEP 17 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

335-230 028-614

440896

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440896
Local Reg. No. 440896
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ~~Kootenai~~ (b) City ~~Rathdrum~~
   (c) Street Address or R.F.D. No. ~~none~~
   (d) Name of Hospital or Maternity Home:
   at home
   (e) Mothers stay **BEFORE** delivery:
   In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ~~Kootenai~~
   (c) City ~~Rathdrum~~
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rathdrum, Ida

4. **FULL NAME OF CHILD** Mabel Cheek

5. Date of Birth of Child (Month, day, year) Sept. 30, 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Nelson CHeek
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Susan Waddell
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) Tennessee (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho. } ss.
County of Kootenai }

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 52 years, and that Dr. Frank Wenz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William H. Overbey Signature
Rathdrum, Idaho. P. O. Address

Subscribed and sworn to before me this 10th day of September, 1947

(SEAL) [signature], Notary Public, residing at Rathdrum.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 25 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 25 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

499-230 014-163 442190

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 442190
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Payette
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette Idaho

4. **FULL NAME OF CHILD** Emma Helena Driscoll

5. Date of Birth of Child (Month, day, year) April 30-1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Timothy Driscoll
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Dublin Ireland (City or town) (State or foreign country)
14. Exact Occupation Postmaster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Susanna Jolly
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace London England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Canyon }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 54 years, and that Mrs. Reuben Robbins (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 1st day of Sept. 1947.

(SEAL) Mary E. Arnold, Notary Public, residing at Caldwell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 1947 by John W Wright, Registrar

OCT 1 1947

JUN 19 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-221-244-291

442243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 442243
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Ranch near City
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash
(c) City Weiser
(d) Street Address or R.F.D. No. Ranch
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Emma Frances Gray

5. Date of Birth of Child (Month, day, year) Dec. 21, 1893

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd # **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Knox Polk Gray
11. Color or Race White **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Peoria, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clarissa Eliz. Brassfield
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Schyler Co. Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 48 years, and that Dr. Joseph Numbers (First name) (Last name), who attended this birth living in Boise, Ida. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mother Clarissa Eliza Brassfield Gray Signature
611 East Main Street, Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of January, 1947.

(SEAL) Jno. T. Bullock Notary Public, residing at Weiser

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

OCT 17 1947

Received for filing on by John W. Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

69-23-014-699

442264

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 442264
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell Idaho

4. **FULL NAME OF CHILD** Mary Edna Orr

5. Date of Birth of Child (Month, day, year) Apr 29-1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Ogden Orr
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Fort Scott Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Elizabeth Orr
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Caldwell Idaho (City or town) (State or foreign country)
20. Exact Occupation Farmer's farm
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for all her life years, and that Mrs. Cook (First name) a midwife (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Grace B. Lee Signature
2249 N. Liberty Boise Ida. R.F.D. or P.O. Address

Subscribed and sworn to before me this 30 day of September, 1947.

(SEAL) Lellerse R. Conkle, Notary Public, residing at Eugene, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 23 1947 by John W. Wright, Registrar

OCT 24 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-213-007-144

443591

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443591
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Bellevieu
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary Mildred Wrightson

5. Date of Birth of Child (Month, day, year) 3-13-1893

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Robert Hamdon Wrightson
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Talbot Co. (City or town) Maryland (State or foreign country)
14. Exact Occupation
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Judge
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Port Henry (City or town) New York (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Arkansas
County of Benton } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the first cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for all my life years, and that do not know (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

L. D. Benson, M.D. Signature

Gentry, Arkansas. P. O. Address

Subscribed and sworn to before me this 14 day of Oct 1947.

(SEAL) O. W. Hemsley, Notary Public, residing at Gentry

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 29 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 30 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-210-006-251

443621

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443621
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Idaho Falls
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida.

4. **FULL NAME OF CHILD** Agnes Frances Beam

5. Date of Birth of Child (Month, day, year) June 10, 1893

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Francis Wesley Beam
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Somerset (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie May Beam
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Somerset (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known person for 54 years, and that Mrs. Stephens (First name) (Last name), who attended this birth, is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie May Beam Signature

104-13 St. Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me this 6th day of November 1947.

(SEAL) Mark Feeder, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 11-6-47 by Helen W. Wright, Registrar

by M. F.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 6 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-112001-155

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 443665
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Van Wyck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Van Wyck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Van Wyck

4. FULL NAME OF CHILD Monte G. Moore

5. Date of Birth of Child (Month, day, year) March 12, 1893

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Owen Moore
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Jensen
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Payette }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 49 years, and that Dr Pettit (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

G. C. McGee Signature
Rt #1, Payette, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of May, 1947

(SEAL) Irvin C Bird Notary Public, residing at Payette

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 19 1947 by John W Wright, Registrar.

NOV 2 0 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

436-294-044-303

445033

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 445033
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Saluleria
   (c) Street Address or R.F.D. No. country
   (d) Name of Hospital or Maternity Home: in the home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Saluleria
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lois Rebecca Mc Whorter

5. Date of Birth of Child (Month, day, year) June 4-1893

6. Sex White

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Gamma

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harrison McWhorter
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation farming and stock
15. Industry or Business raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alma Lula Cole
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) Missouri (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was June 4-1893 (Born alive, stillborn) at 4 P.M. M. on the date and at the place stated above, and that personal particulars were furnished by Rebecca Wilkerson. (First name) (Last name) who is related as Alma Lula McWhorter (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Marion } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 57 years, and that Rebecca Wilkerson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cordelia Lewis Signature

Salem, Oregon P. O. Address

Subscribed and sworn to before me this 1st day of December, 1947

(SEAL)

M Aaue, Notary Public, residing at Salem Ore

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Notary Public in and for the State of Oregon.
My Commission Expires March 10, 1949

Received for filing on Dec 15-1947 by John Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 11 1970

DEC 24 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-229-007-368

447691

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 447691
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Broadford
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At family residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Broadford
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Broadford

4. **FULL NAME OF CHILD** Marie Lenora Donahue

5. Date of Birth of Child (Month, day, year) 3-29-1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Donahue
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Huntingdon Canada (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Gertrude Coyle
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Andenried Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Wash. } ss.
County of King }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 50 years, and that Jennie (First name) Stitt (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marcella C. Shea Signature
1534 - West 57th Seattle Wash. P. O. Address

Subscribed and sworn to before me this 16 day of July, 1943.

(SEAL) F G Bemis, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1948 by John W Wright Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1948

MAY 19 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

845-217-004-457 447722 447722

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 447722
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Grandfathers Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City near Downey
   (d) Street Address or R.F.D. No. Downey Idaho
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Ida.

4. **FULL NAME OF CHILD** Cornella Hunt

5. Date of Birth of Child (Month, day, year) Dec. 17, 1893.

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Liberty Independence Hunt
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Cattle raising
15. Industry or Business mining (placer).

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jeannette Weaver
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Paris (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: 10 (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Power }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 52 years, and that Sarah Weaver (First name) Anna Stahles (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Jeannette Weaver Hunt Signature

American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of May, 1946.

(SEAL) Chas M Colard, Notary Public, residing at Am. Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1948 by [signature] Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

234-115-022-719

447734

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 447734
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Egin
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Egin
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Egin, Idaho

4. **FULL NAME OF CHILD** Wyman Miner Stoddard

5. Date of Birth of Child (Month, day, year) Nov. 15, 1893

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alonzo Stoddard
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Morgan (City or town) Utah (State or foreign country)
14. Exact Occupation Cowboy
15. Industry or Business herding cows

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Ann Parker
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Morgan (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Fremont }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 50 years, and that Eliza Ann Parker (mother of affiant) (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Eliza Ann Stoddard Signature

238 W. Main St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of February, 19 48.

(SEAL) Ruth Littau Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1948 by John W. Wright, Registrar

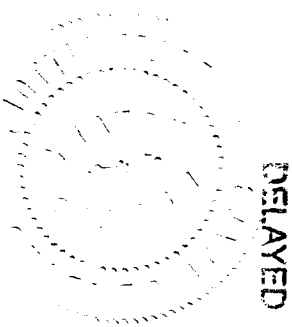
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



369-22-006-696

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0045
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? four yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida

4. FULL NAME OF CHILD Mary Helen Cozier

5. Date of Birth of Child (Month, day, year) Oct. 22, 1893.

6. Sex female

7. Twin or Triplet — If so born 1st, 2nd, 3rd

8. No. months of Pregnacy 8-9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Virgil Cozier

11. Color or Race white

12. Age at time of THIS birth 25 yrs.

13. Birthplace Wopokneta (City or town) Ohio (State or foreign country)

14. Exact Occupation Lawyer (U.S.DA)

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena May Fife

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace Deerfield, Michigan (City or town) (State or foreign country)

20. Exact Occupation Teacher, housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Washington }

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 48 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna J Fife Little Signature

Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of April, 1948

(SEAL) Henry P. Cummett Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1948 By John W Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 45 TO DE48-0045 11/15/12 KMC

MAR 19 19[illegible]

DELAYED [illegible]ON LAW

(1937 Session L[illegible] 139, Section 4)

Where the birth of a ch[illegible]or to the effective date of Chapter 191, 1911 Session L[illegible] been recorded, or in case of failure to report any birth [illegible]ccurred subsequent to such date, such report may be re[illegible]ed by the local registrar for record in the Bureau of V[illegible] for the purposes and fees prescribed in Chapter 2, Ti[illegible] Code Annotated, when such report is accompanied by a [illegible] the attending physician or midwife, or by affidavits of [illegible]r mother of the child, or if neither father or mother o[illegible] living or accessible, of the nearest of kin or guardian, [illegible]on having direct knowledge in the premises.

657-202-004-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0162
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BEAR LAKE (b) City BENNINGTON
   (c) Street Address or R.F.D. No. NONE
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BEAR LAKE
   (c) City BENNINGTON
   (d) Street Address or R.F.D. No. NONE
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** HAZEL IRENE WEAVER

5. Date of Birth of Child (Month, day, year) JULY 2, 1893

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** PETER WILSON WEAVER
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace PROVO (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY JANE DAVIS
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace BENNINGTON (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living X

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date

AFFIDAVIT

State of Idaho
County of Bear Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 54 years, and that Hannah Graham (Midwife), (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Melvina Weaver Sutton Signature

Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 31st day of March, 1948

(SEAL) Keith A. Mollenhour, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

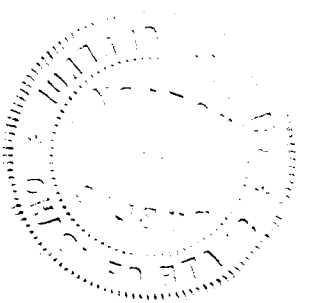
FILE A FROM 162 TO DE48-0162 12/7/12 KMC

APR 7 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



614-107-003-249

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

APR 29 1948

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0254
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Arimo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Earnest Leroy Waddell

5. Date of Birth of Child (Month, day, year) 7-7-1893

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alex Waddell
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Scotland (City or town) (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Burnett
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Gooding (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Deceased (First name) (Last name) who is related as Deceased (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Deceased Date

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 50 years, and that Teeny Hawkins (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs M. H. Vaughn Signature

Jerome Idaho P. O. Address

Subscribed and sworn to before me this 26th day of April 1948.

(SEAL) William F. Smith, Notary Public, residing at Jerome

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 29 - 1948 by John Wallwright, Registrar

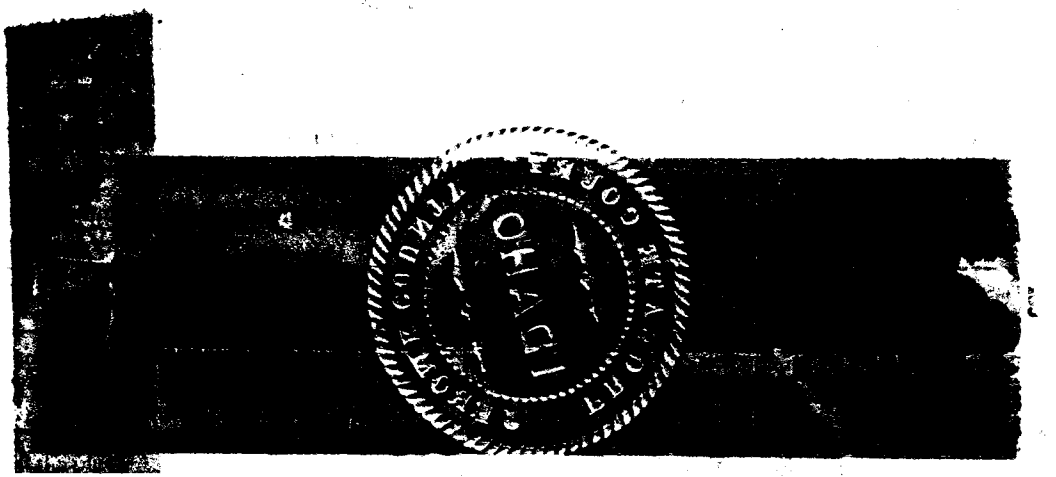
FILE # FROM 254 TO DE48-0254 12/12/12 KMC

APR 30 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



236 - 212-003-396

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0294
Local Reg. No.
Reg. Dist. No.

MAY 15 1948

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Downey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: neither
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Downey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Six yrs.

3. **RESIDENCE OF FATHER** (city, state) Downey, Idaho

4. **FULL NAME OF CHILD** Edith Dianna Bloxham

5. Date of Birth of Child (Month, day, year) Sept. 12, 1893

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Joseph Bloxham
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Kaysville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Alice Croxall
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Haffordshire, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 64 years, and that Nancy (First name) Byington (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy May Bloxham Day Signature
Idaho Falls, Idaho R 3 P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1948

(SEAL) Ella Mitchell, Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 294 TO DE48-0294 12/13/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



MAY 19 1948

455-224-020-255

48

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0418
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mountain Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mountain Home
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mountain Home Idaho

4. **FULL NAME OF CHILD** Clara Vista Denton

5. Date of Birth of Child (Month, day, year) June 24, 1948

6. Sex Female

7. Twin or Triplet

8. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Gilbert Denton
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Clarinda (City or town) Iowa (State or foreign country)
14. Exact Occupation Woodsman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Bennett
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Shakedale (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. W. J. Denton (First name) (Last name) who is related as Aunt (Mother, etc.)

25. Attendant's **OWN** signature X Mrs W J Denton M.D. Midwife Address 614 S. 14th St. Boise Idaho Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1948 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 418 TO DE48-0418 12/20/12 KMC

JUN 25 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-222-010-569

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0566
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: —
   At home
   (e) Mothers stay **BEFORE** delivery:
   In **THIS** county — years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida.

4. **FULL NAME OF CHILD** Beulah Edla Taylor

5. Date of Birth of Child (Month, day, year) Mar. 22, 1893

6. Sex Female

7. Twin or Triplet — (If so—born 1st, 2nd, 3rd —)

8. No. months of Pregnancy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christopher Bowers Taylor
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Springtown N. J. (City or town) (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business Hotel Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Nord
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Offmanna Kristianst (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California, County of Los Angeles Calif. } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for [redacted] 55 years, and that Dr. Wilson (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary E. Johnson Signature

[redacted] Madison P.O. Address

Subscribed and sworn to before me this 27th day of July, 19[redacted]

(SEAL) James L. Boyle, Notary Public, residing at Stockton Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1948 by John W Wright, Registrar.

AUG 9 1948

FILE # FROM 566 TO DE48-0566 12/26/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231 - 205-028-769

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0568
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. In country
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No In Country
   (e) How long has **MOTHER** lived in Idaho? 5 yrs. approx.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene, Ida.

4. **FULL NAME OF CHILD** approx. Florence Elizabeth Stanley

5. Date of Birth of Child (Month, day, year) May 5, 1893

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Stanley
11. Color or Race W
12. Age at time of THIS birth 40 yrs.
13. Birthplace Ireland (State or foreign country)
14. Exact Occupation Fruit Rancher
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Porteous
17. Color or Race W
18. Age at time of THIS birth 34 yrs.
19. Birthplace Scotland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Kootenai } ss.

I, the undersigned, being first duly sworn, say that I am the Neighbor & friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 55 years, and that Physician's name - Dr. McPherson (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lizzie M. Williams Signature

Lot No. 15 - 6th St. Coeur d'Alene P. O. Address

Subscribed and sworn to before me this 17th day of May 19 48

(SEAL)

E. H. Miller Notary Public, residing at Coeur d'Alene Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1948 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 0 1948

FILE # FROM 568 TO DE48-0568 12/26/12 KMC

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168 - 207
022 - 693

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED AUG 23 1948 DIVISION OF VITAL

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0614
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items as of time of this birth)
   (a) County Fremont (b) City Wilford
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Born in Family Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Wilford
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wilford, Idaho

4. **FULL NAME OF CHILD** Alyce Gail Johnson

5. Date of Birth of Child (Month, day, year) Oct. 7 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Swen Johan Johnson
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Louise Wickhalm
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Shoshone }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for over 54 years, and that Mrs William Moore (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

F. W. Johnson
Signature

402 South Div. St Kellogg Ida. P.O. Address

Subscribed and sworn to before me this 9th day of August, 1948.

(SEAL)

Levi V. Bale, Notary Public, residing at Kellogg Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1948 by John W. Wright, Registrar

FILE # FROM 614 TO DE48-0614 12/27/12 KMC

AUG 24 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415 - 119-036 - 259

RECEIVED SEP 7 1948 DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0696
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay **BEFORE** delivery: Approximately IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Preston, Ida.

4. FULL NAME OF CHILD Reese John Davis

5. Date of Birth of Child (Month, day, year) Aug. 19, 1893

6. Sex Male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Reese John Davis
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace -- - Wales (City or town) (State or foreign country)
14. Exact Occupation Fireman, Great Northern
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Kershaw
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Yorkshire, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 55 years, and that Hannah Ann Turner (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Kershaw Davis Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of August, 19 48

(SEAL) P. M. Condie Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on Sept 8, 1948 by John A Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 1948

FILE # FROM 696 TO DE48-0696 1/7/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

559-218-004-683

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0876
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Paris
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Paris
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Bertha Neibaur

5. Date of Birth of Child (Month, day, year) Dec. 19, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Alexander Neibaur
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Leihi, (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Wilcox
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Mr. Pleasant, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 54 years, and that Eliza Finley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie Neibaur Signature

1417 N. 8th Boise P. O. Address

Subscribed and sworn to before me this 28th day of October 1948

(SEAL) Mabel Helen, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on October 28, 1948 by John W. Wright, Registrar

OCT 28 1948

FILE # FROM 876 TO DE48-0876 1/16/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-111
9867-942

RECEIVED
NOV 4 1948
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0898
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. Warm Springs Ave
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise Idaho
   (d) Street Address or R.F.D. No Warm Springs Ave
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** Harry Baird Lewis

5. Date of Birth of Child (Month, day, year) Aug 11 - 1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Geo. William Lewis
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Pennick, Randolph Co. (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Ann Russell
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Salem Oregon (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at Boise on the date and at the place stated above, and that personal particulars were furnished by Eva L. Wilson (First name) (Last name) who is related as Sister (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of Lewis }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 55 years, and that Eva Lewis (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva L. Wilson Signature
Toledo Wash. P. O. Address

Subscribed and sworn to before me this 12 day of October 1948
(SEAL)
Judson T. Klinger Notary Public, residing at Longview, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3[illegible] Idaho Code Annotated.)

Received for filing on Nov 4, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 4 1948

FILE # FROM 898 TO DE48-0898 1/16/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-102-025-819

RECEIVED
NOV 6 1948
DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0906
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City Genesee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City Genesee
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Idaho

4. **FULL NAME OF CHILD** Cecil Clayton Jones

5. Date of Birth of Child (Month, day, year) Jan. 2, 1893

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Clayton Jones
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Oregon City (City or town) Oregon (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farm Owner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lola Belle Harris
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Pueblo (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of OREGON
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 55 years, and that Dr. W. (First name) Reese (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lola Belle Harris Jones Signature
502 S.W. Harrison St., Portland, Oregon Address

Subscribed and sworn to before me this 26th day of October, 1948

(SEAL)

Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 8, 1948 by John W. Wright, Registrar

FILE # FROM 906 TO DE48-0906 1/17/13 KMC

NOV 8 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-129-936-386

RECEIVED
NOV 8 1948
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Because the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0908
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Idaho

4. **FULL NAME OF CHILD** David Parry Jones Jr.

5. Date of Birth of Child (Month, day, year) April 29, 1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Parry Jones
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Kaysville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Rosetta Howe
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation Home w[illegible]
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~None~~ [illegible]
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at [illegible] P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Rosetta (First name) Jones (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address Malad Idaho Date

State of Idaho } ss.
County of Oneida }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 53 years, and that ____ (First name) ____ (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mary Rosetta Jones Signature

[illegible] P. O. Address

Subscribed and sworn to before me this 30th day of October, 1948

(SEAL)

[illegible] Notary Public, residing at Malad Idaho.

(Note: Perjury is punishable as [illegible] annotated.)

Received for filing on Nov 8, 1948 by John W Wright, Registrar.

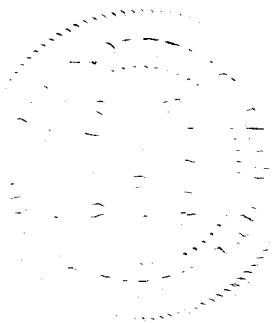
NOV 8 1948

FILE # FROM 908 TO DE48-0908 1/17/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



414 - 216 RECEIVED
22-142 DEC 6

United States Department of Commerce Bureau of the Census (Be sure the information is as of date of birth of THIS child.)

DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0996
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Harvard
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Princeton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Princeton Ida.

4. **FULL NAME OF CHILD** Myrtle Daisy Maupin

5. Date of Birth of Child (Month, day, year) June 16, 1893

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** John Oliver Maupin
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Salem, Oregon (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Isabelle Austin
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Anoka, Minnesota. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of Benton }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 54 years, and that Hesta Ellen Blawnsens (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Isabelle Curtis Maupin Signature

Kennewick, Wash. P. O. Address

Subscribed and sworn to before me this 25th day of December, 1948.

(SEAL) Frank Maupin, Notary Public, residing at Kennewick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 7, 1948 by W L Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

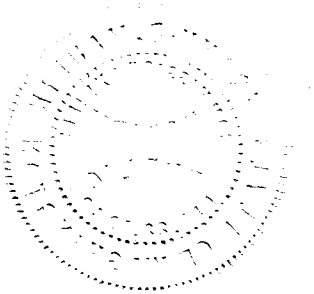
FILE # FROM 996 TO DE48-0996 1/24/13 KMC

DEC 8 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



815-119-003-815

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED DEC 15 1948

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-1016
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Cambridge
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Cambridge
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cambridge, Ida

4. **FULL NAME OF CHILD** Elijah Hancock

5. Date of Birth of Child (Month, day, year) April 19, 1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Hancock
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Payson (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Sarah Hancock
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Payson (City or town) Utah (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time ~~of birth~~ and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Caribou } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 55 years, and that Sophronia (First name) Coffin (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Letta H Ormond Signature
Bancroft, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of December, 1948.

(SEAL) Marjorie A Christensen Notary Public, residing at Bancroft, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 16, 1948 by W L Benson, Registrar

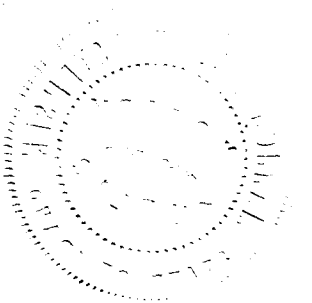
DEC 1 8 1948

FILE # FROM 1016 TO DE48-1016 1/25/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



114-219-001-212

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-1051
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 712 State St.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 712 State
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Gelba James

5. Date of Birth of Child (Month, day, year) Sept. 19- 1893

6 Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred David James
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Fairhaven (City or town) Vermont (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Eleanor Basil
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Sigourney (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 0-5 years, and that Doctor (First name) ____ (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Golden Signature

609 S. 13th Boise Ida. P. O. Address

Subscribed and sworn to before me this 27th day of December, 1948

(SEAL) Margaret G. Roush Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 30, 1948 by W. W. Benson, Registrar

DEC 30 1948

FILE # FROM 1051 TO DE48-1051 1/31/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-230 RECEIVED
993-233 JAN 1

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

DIVISION OF VITAL

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1077
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City near Farmington
   (c) Street Address or R.F.D. No. Wash.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City near Farmington, Wash
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Near Farmington Wn Idaho

4. **FULL NAME OF CHILD** Jennie Linn Ritchey

5. Date of Birth of Child (Month, day, year) June 30, 1893

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Calvin Ritchey
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Near Eugene, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel Irvine
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Kootenai } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 55 years, and that Dr McCloud (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Ritchey Edminster Signature
743 - 4th St, Coeur d'Alene P.O. Address

Subscribed and sworn to before me this 8th day of January, 1949.

(SEAL)

E. E. Smith Notary Public, residing at Coeur d'Alene Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 11, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1077 TO DE49-1077 2/1/13 KMC

JAN 11 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285 - 204-029-849

RECEIVED
FEB 22 1949
DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1182
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Mary Madeline Sheehan

5. Date of Birth of Child (Month, day, year) March 4, 1893

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Timothy Denis Sheehan
11. Color or Race Irish
12. Age at time of THIS birth 32 yrs.
13. Birthplace Shroneperkeen, Co. Cork, Ireland (City or town) (State or foreign country)
14. Exact Occupation Dry goods clerk
15. Industry or Business McConnell's Dept. Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Frances Quirk
17. Color or Race American
18. Age at time of THIS birth 30 yrs.
19. Birthplace near Louville Lewis Co. N.Y. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name)
who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Latah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 92 years of age, that I have known this person for 55 years, and that Dr. Warner A. Carithers (First name) (Last name), who attended this birth in now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Lee Davied Signature
Box 401, Moscow Idaho P. O. Address

Subscribed and sworn to before me this 17th day of February, 1949.

(SEAL) Ollie Schroeder, Notary Public, residing at Moscow Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-614, Idaho Code Annotated.)

Received for filing on Feb 22, 1949 by W. W. Benson, Registrar

FEB 22 1949

FILE # FROM 1182 TO DE49-1182 2/8/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312 - 208
908 - 791

RECEIVED
MAR 1 19
DIVISION OF VITAL

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1199
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Idaho City
   (c) Street Address or R.F.D. No. Idaho City Idaho
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Idaho City, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mildred Estelle Casner

5. Date of Birth of Child (Month, day, year) Nov 8, 1893

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Hill Casner
11. Color or Race W
12. Age at time of THIS birth 66 yrs.
13. Birthplace Virginia (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Bauehop Graham
17. Color or Race Wh
18. Age at time of THIS birth 41 yrs.
19. Birthplace Stumptown, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Boise } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 56 years, and that Dr. Warren Newell (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo W Casner Signature

Idaho City, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of February, 19 49

(SEAL) Notary Public residing at Idaho City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 1, 1949 by W E Benson, Registrar

MAR 1 1949

FILE # FROM 1199 TO DE49-1199 2/12/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-131-035-2811

RECEIVED
MAR 8 1949
DIVISION OF VITAL STATISTICS

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1230
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (Actual location at time of this birth)
   (a) County Nez Perce (b) City Near Leland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Near Leland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Near Leland Ida

4. **FULL NAME OF CHILD** Albert Eldon McCallister

5. Date of Birth of Child (Month, day, year) Oct 31-1893

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Elmer McCallister
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace North Vernon (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sally Shanklin
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace near Bloomfield (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of California } ss.
County of Tulare }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 56 years, and that — (First name) — (Last name), who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sally McCallister Signature

Rt 4 Box 125 Tulare Calif. P. O. Address

Subscribed and sworn to before me this 3rd day of March, 19 49

(SEAL) [illegible], Notary Public, residing at and for the County of Tulare State of California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires June 14, 1951

Received for filing on March 9, 1949 by W E Benson, Registrar

FILE # FROM 1230 TO DE49-1230 11/5/2013-LLE

MAR 10 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669 - 219 - 006 - 619

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1411
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Farm Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Ida

4. **FULL NAME OF CHILD** Hazel Worden

5. Date of Birth of Child (Month, day, year) Nov 19th 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Amos Worden
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Janet Farrell
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 55 years, and that ____ (First name) ____ (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

/George b Worden Signature
Boise Idaho 2521 Gilles P. O. Address

Subscribed and sworn to before me this 2 day of May, 1949.

(SEAL) Thomas Ashley, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 6, 1949 by W W Benson, Registrar

FILE # FROM 1411 TO DE49-1411 11/12/2013-LLE

MAY 6 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

184-207
826-294

RECEIVED
MAY 9 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1421
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Cornwall
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born in our home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lata
   (c) City Cornwall
   (d) Street Address or R.F.D. No. 4
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Nora Evia Kimmel

5. Date of Birth of Child (Month, day, year) Jan. 7, 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George Edward Kimmel
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Pulaski County, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business died April 8, 1925 at Pulaski County, Mo.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Simmons
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Stone County, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Died Dec. 26, 1897 Pulaski County, Mo.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Kansas
County of Cherokee } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 56 years, and that I was present in home at time of birth of my sister, Nora Evia Kimmel, who is now married (First name) (Last name) (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Hedrick
Signature
1616 Lincoln Ave. Baxter Springs, Kans.
P. O. Address

Subscribed and sworn to before me this 12th day of April, 1949.

(SEAL)

Walter Hamble, Notary Public, residing at Baxter Springs, Kans.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 9, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1421 TO DE49-1421 11/12/2013-LLE

MAY 9 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which~~ has occurred subsequent to such date, ~~such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-123-029-666

RECEIVED
MAY 20 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1470
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (Where born—Use name of this birth)
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born in own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Kendrick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick

4. **FULL NAME OF CHILD** Emmett Morse Hamlin

5. Date of Birth of Child (Month, day, year) April 23, 1893

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9–

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Herbert Morse Hamlin
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace (?) (City or town) Michigan (State or foreign country)
14. Exact Occupation Mining and Owned and operated a bar
15. Industry or Business Mining and Liquor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Wood
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Eugene (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2– (b) Born alive and now living 2–

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington
County of Spokane } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 56 years, and that ____ (First name) — — ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lola Hull. Signature

Opportunity, Washington P. O. Address

Subscribed and sworn to before me this 5 day of May, 1949.

(SEAL) ____, Notary Public, residing at Spokane wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 20, 1949 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1470 TO DE49-1470 11/12/2013-LLE

MAY 20 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815 - 216 - 8368 RECEIVED 48

Use only BLACK Inkor BL[illegible] Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-C[illegible] postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

JUL 2 1949 DIVISION OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1608
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Samaria
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months 16 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Utah (b) County Salt Lake
   (c) City Salt Lake City
   (d) Street Address or R.F.D. No. 230 West 2nd North
   (e) How long has **MOTHER** lived in Idaho? 9½ months ~~years~~

3. **RESIDENCE OF FATHER** (city, state) Salt Lake Utah

4. **FULL NAME OF CHILD** Jeannette Hanson

5. Date of Birth of Child (Month, day, year) Feb 16 - 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Nathan Hanson
11. Color or Race white
12. Age at time of THIS birth 68 yrs.
13. Birthplace Yorkshire (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ann Johnston
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Gramsea (City or town) Scotland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Utah } ss.
County of Salt Lake }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for all her life 56 years, and that Maria (First name) Morse (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts of the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabelle Hanson Fitts Signature
732 So 10 East Salt Lake City Utah P. O. Address

Subscribed and sworn to before me this 30th day of June, 1949

(SEAL) Rachel B. Van Schroeder, Notary Public, residing at Salt Lake City Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 6, 1949 by W. W. Benson, Registrar

FILE # FROM 1608 TO DE49-1608 11/14/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-219-040-545

RECEIVED
JUL 28
DIVISION OF VITAL

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1674
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (Items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Idaho

4. **FULL NAME OF CHILD** Charlotte Frances Sinclair

5. Date of Birth of Child (Month, day, year) March 19, 1893.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** M J Sinclair
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Rochester N.Y. (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Lee Emery
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Hanibal Missouri (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Shoshone } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 56 years, and that Dr. Matchette (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M J Sinclair Signature
Kellogg Idaho P. O. Address

Subscribed and sworn to before me this 27 day of July, 1949.

(SEAL)

Stella Brown, Notary Public, residing at Kellogg Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 29, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1674 TO DE49-1674 11/20/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 29 1949

119 - 107-036 -867

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1697
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Almdale
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Art Hopkins Jarman

5. Date of Birth of Child (Month, day, year) Dec 7- 1893

6. Sex Male

7. Twin or Triplet (1)

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Jarman
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Hadlow Cambridge England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Elizabeth Hopkins
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Smithfield Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Twin Falls } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for Since birth years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

Arthur Leroy Jarman Signature
Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of August, 1949.

(SEAL) Herman Riddle, Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 3, 1949 by L. E. Benson, Registrar

FILE # FROM 1697 TO DE49-1697 11/20/2013-LLE

AUG 3 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993 - 214-036 -583

AMENDED
May 1, 1950

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1819
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No. Elkhorn
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No. Elkhorn
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Myrtle Richards

5. Date of Birth of Child (Month, day, year) Nov. 14, 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Richards
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Nelson
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of ~~San Bernardino~~ Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 56 years, and that Mrs. Metchaff (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Margaret Shore Signature
923 Harold, Redlands, Calif. P. O. Address

Subscribed and sworn to before me this 20th day of April, 1950

(SEAL) American, Notary Public, residing at GLENDALE, CALIF.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code A[illegible] Commission Expires September 21, 1951

Received for filing on May 1, 1950 by W W Benson, Registrar

FILE # FROM 1819 TO DE49-1819 11/22/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED
SEP 3 1949
DIVISION OF VITAL STATISTICS

Use only BLACK ink or BLACK typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1819
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ONEIDA (b) City MALAD
   (c) Street Address or R.F.D. No. ELKHORN
   (d) Name of Hospital or Maternity Home: Richards Home at Elkhorn
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No. Elkhorn
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** MYRTLE-RICHARDS

5. Date of Birth of Child (Month, day, year) Nov 11 1893

6. Sex Female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** WILLIAM-RICHARDS

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace MALAD - Idaho (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY-NELSON

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Ogden - Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of San Bernardino } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 55 years, and that Amelia Matchuff (First name) Jones (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Margaret Jones Signature
923 Arnold Rd Redlands Address

Subscribed and sworn to before me this 31st day of August 1949

(SEAL)

M. Hayes, Notary Public, residing at Redlands, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

Received for filing on Sept 7, 1949 for the County of San Bernardino State of California by W B Enson, Registrar

MAY 1 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 7 1949

556-114-028-391

RECEIVED
NOV 18 1949
DIVISION OF VITAL

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2044
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootnai (b) City Sand Point
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years 8 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootnai
   (c) City Sand Point
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sand Point, Ida.

4. **FULL NAME OF CHILD** Ernest Thomas Neff

5. Date of Birth of Child (Month, day, year) July 14, 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Neff
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amy Nevada Craig
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Near Lookout, Modoc Co., Calif. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington
County of Okanogan } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 56 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amy Nevada Neff Signature

Omak, Washington R#1 Box 46 P. O. Address

Subscribed and sworn to before me this 15th day of November, 1949

(SEAL) E. D. [illegible], Notary Public, residing at Omak, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 18, 1949 by W. W. Bennett, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 2044 TO DE49-2044 12/5/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-226-036-766

RECEIVED
NOV 29 1949
BUREAU OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2074
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Weston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: OWN Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 2 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Weston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weston Idaho

4. **FULL NAME OF CHILD** Chloe Andrea Nielsen

5. Date of Birth of Child (Month, day, year) Oct. 26th 1893

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Adolph Nielsen
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Weston (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances-Hannah Goodsell
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Newton (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Franklin } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 56 years, and that Maria (First name) Maughan (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Virginia L. Nash Signature
Preston Idaho P. O. Address

Subscribed and sworn to before me this 26th day of November, 1949

(SEAL) J. N. Larsen, Notary Public, residing at Preston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 30, 1949 by W. W. Benson, Registrar

FILE # FROM 2074 TO DE49-2074 12/6/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-219-014-419

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-85
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Anna Luella Bullard
2. Date of Birth (month) (day) (year): Nov. 19, 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Emmett, Idaho,

FATHER

6. Full Name of Father: Charles Jackson Bullard
7. State or Country of Father's Birth: Massachusetts

MOTHER

8. Full Maiden Name of Mother: Lillie Luella Marler
9. State or Country of Mother's Birth: Kentucky

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Anna Luella Bullard Sanders
11. Present Address of Registrant: Emmett, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 29, 1950
12. Signature of Notary: C. H. Higer
13. Notary Commission expires: Sept. 13, 1951

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Family Bible
By whom issued and signed: Affidavit by C. H. Higer who viewed the Bible
Date Issued: May 1, 1950
Date Orig. Entry: 11-19-1893
Date of Birth: Nov. 19, 1893
Birth Place:
Full Name of Mother:
Name of Father:
Class*: A

SUPPORTING RECORD 2.

Type of Document: News Paper Announcement
By whom issued and signed: Emmett Index, Emmett, Ida.
Date Issued: Dec. 2, 1893
Date Orig. Entry:
Date of Birth: Nov. 19, 1893
Birth Place:
Full Name of Mother:
Name of Father: C. J. Bullard
Class: B

SUPPORTING RECORD 3.

Type of Document: Affidavit
By whom issued and signed: born on his father's Albert Martin, farm
Date Issued: March 29, 1950
Date Orig. Entry:
Date of Birth: Nov. 19, 1893, Emmett, Idaho
Birth Place:
Full Name of Mother: Lillie Luella Marler
Name of Father: Chas. Jackson Bullard
Class: B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Helen Keeler
Date Filed: May 1, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

381-219-003-165 DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

State File No. De50-91
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Felicia Chapman			2. Date Of Birth (month) Jan (day) 19 (year) 1893	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello, Idaho	
FATHER	6. Full Name of Father: Burt H Chapman			7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Mary Ann Jones			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Felicia Chapman Robinson	11. Present Address of Registrant: 624 South 6th Ave, Pocatello Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 10 1950		12. Signature of Notary: Laura R. Gough	13. Notary Commission expires: 9-18 1950	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census	Date Issued: 5-2-50	Date Orig. Entry: 1900 census	
Class* B	Date of Birth: Jan 1893 / Birth Place: Pocatello, Ida.	Full Name of Mother: Mary A. Chapman	Name of Father: Bert H. Chapman		
SUPPORTING RECORD 2.	Type of Document: Royal Neighbors of America	By whom issued and signed: Irma B. Keller	Date Issued: 12-1-1919	Date Orig. Entry: 12-1-1919	
Class B	Date of Birth: Jan. 19, 1893 / Birth Place: Pocatello, Idaho	Full Name of Mother:	Name of Father:		
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Margaret Pomeroy, Teacher	Date Issued: 3-29-50	Date Orig. Entry: 1903-1904	
Class B	Date of Birth: 9 yrs in 1903, 10 yrs in 1904 / Birth Place:	Full Name of Mother:	Name of Father:		
QUALIFYING INFORMATION	Affidavit by mother, Mary Ann Chapman, also, Elizabeth Elliott Ayres, teacher in Pocatello schools.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: Walter Poleen	Date Filed: May 9, 1950		

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 (4-50)

MAY 10

613-118-022-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-107
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Roscoe Marlow Walker
2. Date Of Birth (month) Jan (day) 18 (year) 1893
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: St Anthony Ida Fremont
b. City or Town of Birth: St Anthony Idaho

FATHER

6. Full Name of Father: Smith Anderson Walker
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Lacy Elzada Walker
9. State or Country of Mother's Birth: Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Roscoe Marlow Walker
11. Present Address of Registrant: Filer Idaho RD#2.

NOTARY (Seal)

Subscribed and sworn to before me on: May 17 1950
12. Signature of Notary: C. A. Bulles
13. Notary Commission expires: 11th JUD. DIST. TWIN FALLS COUNTY 19____
CLERK OF COURT
TWIN FALLS, IDAHO

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Family Bible Record	Bible Viewed by C. A. Bulles Twin Falls County Recorder	Viewed May 17, 1950	1-18-1893

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan 18 1893	St Anthony Idaho	Lacy E. Walker	Smith A. Walker

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Election Record	C. A. Bulles	May 17, 1950	1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
1893			

SUPPORTING RECORD 3.

Class____

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Geeder	May 22, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

769-228-028-296

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-293
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANNIE LUCILLE PORTER		2. Date of Birth (month) (day) (year): Sept. 28, 1893
	3. Color or Race: WHITE	4. Sex: FEM.	5. Place of Birth a. County: KOOTENAI; b. City or Town of Birth: MICA BAY, IDAHO
FATHER	6. Full Name of Father: CLAY PORTER		7. State or Country of Father's Birth: ARENA, WISCONSIN
MOTHER	8. Full Maiden Name of Mother: ELLA WALLACE BROWN		9. State or Country of Mother's Birth: PITTSBURG, PENNSYLVANIA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucille Lee	11. Present Address of Registrant: 2021 Fairview North, Seattle, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: September 13th 1950	12. Signature of Notary: George E Mathews	13. Notary Commission expires: February 2 1954

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: 9-28-1893
Class* A	Date of Birth: Sept. 28, 1893	Birth Place: Mica Bay, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Metrololitan Life	Date Issued: 3-22-39	Date Orig. Entry: same
Class B	Date of Birth: Sept. 28, 1893	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Identification Card	By whom issued and signed: U. S. Coast Guard	Date Issued: 10-16-42	Date Orig. Entry: same
Class B	Date of Birth: Sept. 28, 1892	Birth Place: Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fields	Date Filed: Sept. 28, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 28 1950

381-201-001-213

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State f DE50-0316
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ethel Susan Chapman.
2. Date Of Birth (month) June (day) 1 (year) 1893
3. Color or Race: White. 4. Sex: F. 5. Place of Birth a. County: Boise Idaho
b. City or Town of Birth: Canda

FATHER

6. Full Name of Father: Winchester Comings Chapman
7. State or Country of Father's Birth: Canada.

MOTHER

8. Full Maiden Name of Mother: Susie May Eaton
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs J. L. Horler
11. Present Address of Registrant: Boise Idaho RFD-1.

NOTARY (Seal)

Subscribed and sworn to before me on _____ 19____

12. Signature of Notary
13. Notary Commission expires _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Son's Birth Certificate	Dr. C. L. Dutton	4-16-18	4-16-18
Class* B	Date of Birth: 25 yrs. / Birth Place: Boise, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Hospital Record	Gabrielle M. Amos	Oct. 5,1950	4-38
Class B	Date of Birth: 45 Yrs. / Birth Place: Boise, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Voting Record	Otto F. Peterson	Oct., 1950	1926
Class B	Date of Birth: 32 Yrs. / Birth Place: Boise, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Carol J. Bennett	10-11-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FILE # FROM 316 TO DE50-316 1/9/2014-LLE

FEB 5 1965

OCT 12 1950

236-221-035-349

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-364
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Scofield
2. Date Of Birth (month) July (day) 21 (year) 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Nez Perce
b. City or Town of Birth: Lewiston

FATHER

6. Full Name of Father: Baliver (P) Scofield
7. State or Country of Father's Birth: Not known

MOTHER

8. Full Maiden Name of Mother: Harriet Elizabeth Turnbull
9. State or Country of Mother's Birth: New Glasgow Nova Scotia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Ruth Fox
11. Present Address of Registrant: 3839 N.E. Nasco St., Portland 13 Oregon

NOTARY (Seal)

Subscribed and sworn to before me on Nov 9 1950
12. Signature of Notary: D L Warner
13. Notary Commission expires 3/23 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family Bible record		7-21-1893	
Class* A	**Date of Birth** 7-21-1893	**Birth Place** Lewiston, Idaho	**Full Name of Mother** Harriet Elizabeth Turnbull	**Name of Father** Baliver P. Scofield
SUPPORTING RECORD 2.	Life insurance Policy	F. R. Boysen	12-1-41	
Class B	**Date of Birth** 7-21-1893	**Birth Place** Lewiston, Idaho	**Full Name of Mother** Harriet Elizabeth Turnbull	**Name of Father** Boliver P. Scofield
SUPPORTING RECORD 3.				
Class	**Date of Birth**	**Birth Place**	**Full Name of Mother**	**Name of Father**

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: Carol Bennett
Date Filed: 11-14-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 14 1950

847-227-014-367

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-464
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Star
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Star
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Hazel Hughes

5. Date of Birth of Child (Month, day, year) Jan. 27, 1893

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Moses Stanley Hughes
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Tennessee (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Frances Cogdill
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 57 years, and that Doctor O. W. Hale (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie S Shelton Signature

Star Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1951.

(SEAL) Libyl A Rudisill, Notary Public, residing at Star.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 23, 1951 by W. W. Benson, Registrar

JAN 24 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

335-21-036 754

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-535
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARY Mc CLELLAN
2. Date Of Birth (month) (day) (year): November 11 ~~1893~~ 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Onida; b. City or Town of Birth: Clifton

FATHER

6. Full Name of Father: James Henry Mc Clellan
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Emily Anderson
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary McClellan Cherry
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on February 15 1951

12. Signature of Notary: J Milton Olsen
13. Notary Commission expires: My Commission expires March 12, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Church Record	L. D. S. Church, Cheyenne, Wyo.	2-6-51	Nov. 11, 1893

Class* A

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 11, 1893	Clifton, Ida.		

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Pacific National Life Assurance Co, Life Insurance Policy		2-8-51	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 11, 1893	Clifton, Ida.		

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Lodge Record	Eagle Auxilliary	11-22-1946	11-22-46

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 11, 1893	Clifton, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	2-20-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 20

113-212-001-815

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-572
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Arma Margaretha Jacobsen
2. Date of Birth (month) April (day) 12 (year) 1893
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Ada
b. City or Town of Birth: Payette

FATHER

6. Full Name of Father: Nicholas Adolph Jacobsen
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Annie Dorathea Hansen
9. State or Country of Mother's Birth: Denmark

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Arma Margaretha Jacobsen Stark
11. Present Address of Registrant: 1115 1st avenue North Payette, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: February 27 1951
12. Signature of Notary: Anne Moulton
13. Notary Commission expires: March 17 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Albert B. Moss	Albert B. Moss Jr.	2-28-51	2-28-51

Class* B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
4-12-1893	Payette, Idaho	Annie Dorathea Hansen	Nicholas Adolph Jacobsen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by F. M. Moss	F. M. Moss	2-28-51	2-28-51

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
4-12-1893	Payette, Idaho	Annie Dorathea Hansen	Nicholas Adolph Jacobsen

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mary Wilson	Mary Wilson	2-28-51	2-28-51

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
4-12-1893	Payette, Idaho	Annie Dorathea Hansen	Nicholas Adolph Jacobsen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Carol Bennett	2-28-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 28 1951

Marguerite Jacobsen

Female

Thomas Adolph Jacobsen

415-220-019-165

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-615
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaretta Daniels
2. Date Of Birth (month) (day) (year): Nov. 20 1893
3. Color or Race: white
4. Sex: Female ~~Male~~
5. Place of Birth: a. County: Custer; b. City or Town of Birth: Houston, Idaho

FATHER

6. Full Name of Father: John D. Daniels
7. State or Country of Father's Birth: Wales

MOTHER

8. Full Maiden Name of Mother: Margaret Jones
9. State or Country of Mother's Birth: Wales

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaretta Daniels Buttner
11. Present Address of Registrant: P.O Box 1121 - Los Angeles 53 Cal

NOTARY (Seal)

Subscribed and sworn to before me on November 17th 1950 at Los Angeles, California.

12. Signature of Notary: Marva Weede
Marva Weede

13. Notary Commission expires: Feb. 3rd 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Dr. Record	Dr. Lee R. Borg	1-2-51	June, 1933

Class* B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
11-20-1893	Houston, Idaho	Margaret Jones	John D. Daniels

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit from Allexandre Burnett		1-12-51	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
11-20-1893	Houston, Idaho	Margaret Jones	John D. Daniels

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit from Elizabeth A. Woody		12-9-50	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
11-20-1893	Houston, Idaho	Margaret Jones	John D. Daniels

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Carol Bennett	3-13-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 13 1951

814-201-004-814

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-672
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No. Main
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No. Main
   (e) How long has **MOTHER** lived in Idaho? 82 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Hazel N (Morton) Hammond

5. Date of Birth of Child (Month, day, year) May 1 - 1893

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Clinton Hammond
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation R.R. Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida (Agnes) Hammond
17. Color or Race White
18. Age at time of THIS birth 75 yrs.
19. Birthplace Paris (City or town) Idaho (State or foreign country)
20. Exact Occupation None
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above that I am now 82 years of age, that I have known this person for 57 years, and that Ida (First name) Hammond (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Hammond Signature

106 - 4th P. O. Address

Subscribed and sworn to before me this 7th day of April 19 51

(SEAL) Mabel Fields, Notary Public, residing at Paris, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 7, 1951 by Mabel Fields, Deputy, Registrar

APR 4 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



755-224-006-281

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-778
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home 3 miles from town
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 4 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Ida

4. **FULL NAME OF CHILD** Loeta Ursul Bennett

5. Date of Birth of Child (Month, day, year) Oct. 24, 1893

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9½

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Archibald Bennett
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Chico, Butte Co. California (City or town) (State or foreign country)
14. Exact Occupation Farmer and stockraiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora May Shannon
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Chico, Butte Co. California (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Butte } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 (91) years of age, that I have known this person for 57 (57) years, and that Dr Rehle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Archibald Bennett Signature

R 4 Box 455, Chico Calif. P. O. Address

Subscribed and sworn to before me this 23rd day of April, 1951

(SEAL) Lisa M. Stevens, Notary Public, residing at Chico Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 30, 1951 by W. W. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

[redacted]

MAY 1 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

693-218-003-245

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Del-51-856
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Katherine May Will			2. Date of Birth (month) May (day) 18 (year) 1893	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County: Bannock	b. City or Town of Birth: Pocatello, Idaho	
FATHER	6. Full Name of Father: Henrick (Henry) Will			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Runtz.			9. State or Country of Mother's Birth: Germany.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Katherine Crowson	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: April 25 - 1951		12. Signature of Notary: E. B. Redman	13. Notary Commission expires: Aug 25 - 1953	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: May 18, 1893
Class* A	Date of Birth: May 18, 1893	Birth Place: Pocatello	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate		By whom issued and signed: Oregon State Board of Health	Date Issued:	Date Orig. Entry: Apr. 4, 1916
Class B	Date of Birth: May 18, 1893	Birth Place: Pocatello, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel H. Felton	Date Filed: May 21, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy Bdy

DECLARED CERTIFICATE OF BIRTH

STATE OF [illegible]

[illegible]

[illegible]

[

655-106-040-355

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-887
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William J. One
2. Date of Birth (month) (day) (year): December 6, 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County:
b. City or Town of Birth: Wallace

FATHER

6. Full Name of Father: William John One
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Agnes Lee
9. State or Country of Mother's Birth: Canada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William J. One
11. Present Address of Registrant: 624½ W. Granite St.

NOTARY (Seal)

Subscribed and sworn to before me on: May 29 1951
12. Signature of Notary: Neal E. Shea
13. Notary Commission expires
Notary Public for the State of Montana.
Residing at Butte, Montana 19
My Commission Expires 28, 1952

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Census Records. 1911	Margaret A. Leary, Dist. Clerk	May 17, 1951	1911 record
Class* B	**Date of Birth** / **Birth Place**	**Full Name of Mother** Father	**Name of Father** Mother	
	Dec 12, 1893	William J. One	Agnes One	
SUPPORTING RECORD 2.	Official Voting Register	Addis A. McGrath, County Clerk	12-15-1950	2-2-1940
Class B	Age 47			
SUPPORTING RECORD 3.	Marriage License	J. F. Driscoll, Clerk	10-24-1924	Oct 24, 1924
Class B	Age 31 / Wallace, Idaho	W. J. One	Agnes One	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Joyce B. Foltz	6-1-57

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 4

386-202-003-852

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-917
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Huldah Thursa Thompson
2. Date Of Birth (month) June (day) 2 (year) 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: Leon A. Thompson
7. State or Country of Father's Birth: New Jersey.

MOTHER

8. Full Maiden Name of Mother: Theresa Heselein
9. State or Country of Mother's Birth: Germany.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Huldah Theresa Thompson
11. Present Address of Registrant: Jack 212 E. 22nd

NOTARY (Seal)

Subscribed and sworn to before me on May 21 1951

12. Signature of Notary: Hattie Keelan
13. Notary Commission expires: My Commission expires Jan. 16, 1952

APPLICANT-- DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by sister	Gertrude M. Davis	5-15-51	
Class* B	Date of Birth / Birth Place: June 2, 1893, Pocatello, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Affidavit by sister	Helen Mae Thompson Long	May 28, 1951	
Class B	Date of Birth / Birth Place: June 2, 1893, Pocatello, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Affidavit by brother	Howard Thompson	May 28, 1951	
Class B	Date of Birth / Birth Place: June 2, 1893, Pocatello, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keelan	June 8, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 11 1991

OCT 06 1997

918-127-001-364

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-971
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born at home of parent
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada.
   (c) City near Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? about 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Samuel Edgar Ray

5. Date of Birth of Child (Month, day, year) March 7 1893

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Jasper Newton Ray
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Frances Pemberton
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Bates cuntz Missouri (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of IDAHO
County of TWIN FALLS } ss.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 58 years, and that do not know who attended (First name) birth (Last name) who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stella Briggs Signature

113 So. 7th Ave. Buhl P. O. Address

Subscribed and sworn to before me this 26 th day of May, 1951.

(SEAL) Jane Christman, Notary Public, residing at Buhl

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 28, 1951 by W. W. Benson, Registrar

JAN 28 1975

JUN 19 1951

JUN 20 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

417-228-025-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-997
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Belle Magill		2. Date Of Birth (month) (day) (year): February 28, 1893
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Grangeville
FATHER	6. Full Name of Father: W. F. Magill		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Rosbelle Wilson		9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary B. Spoor	11. Present Address of Registrant: 183 E. Dalmouth St Gladstone Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: June 21 1950	12. Signature of Notary: Jean E. Yeo	13. Notary Commission expires: Sept. 16 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: Feb. 28, 1893
Class* A	Date of Birth: Feb. 28, 1893	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Department of Commerce	Date Issued: 1900	Date Orig. Entry:
Class B	Date of Birth: Feb. 28, 1893	Birth Place: Grangeville, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleeson	June 21, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 cp pd



386-208-004-365

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1032
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elsie Thornock
2. Date Of Birth (month) april (day) 8 (year) 1893
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Bear Lake; b. City or Town of Birth: Bloomington, Ida. (Bloomington Sta.)

FATHER

6. Full Name of Father: Joseph Thornock
7. State or Country of Father's Birth: Eastshire, England

MOTHER

8. Full Maiden Name of Mother: Amelia Ellen Long
9. State or Country of Mother's Birth: Ogden, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elsie Thornock
11. Present Address of Registrant: 908 E. Thompkins Glendale California

NOTARY (Seal)

Subscribed and sworn to before me on: June 1st 1951
12. Signature of Notary: Evelyn Baumchen
13. Notary Commission expires: June 17 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	L. D. S. Family Record	Amelia Ellen Long		April 8, 1893
Class* A	Date of Birth / Birth Place: April 8, 1893/Bloomington, Ida.	Full Name of Mother: Amelia Ellen Long	Name of Father: Joseph Thornock	
SUPPORTING RECORD 2.	Type of Document: Baptismal Record	By whom issued and signed: Ella D. Jack	Date Issued: July 2, 51	Date Orig. Entry: June 1, 1901
Class B	Date of Birth / Birth Place: April 8, 1893/Bloomington,	Full Name of Mother: Idaho	Name of Father: Joseph Thornock	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Jayne James
Date Filed: July 9, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 9 1951

165-226-016-793

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

23 1951
DIVISION OF VITAL STATISTICS
RECEIVED
JUL 28 1951
DIVISION OF VITAL STATISTICS

State File No. De51-1101
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Millie Jones			2. Date of Birth (month) (day) (year): Dec. 26. 1893
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Standrod. Cassia. Ida.	b. City or Town of Birth: Standrod. Idaho.
FATHER	6. Full Name of Father: Thomas B. Jones.			7. State or Country of Father's Birth: Salt Lake city. Utah
MOTHER	8. Full Maiden Name of Mother: Catherine Pickering.			9. State or Country of Mother's Birth: Salt Lake city. Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle Millie Beck.		11. Present Address of Registrant: 4226 S.E. 69th Portland, Oregon.
NOTARY (Seal)	Subscribed and sworn to before me on: May 23rd 1951	12. Signature of Notary: a. Peters		13. Notary Commission expires: Jan. 19 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Lillian C. Jones	Date Issued: May 19, 1951	Date Orig. Entry
Class* B	Date of Birth: Dec. 26, 1893 / Birth Place: Standrod, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Lillian C. Jones Badger	Date Issued: May 19, 1951	Date Orig. Entry
Class B	Date of Birth: Dec. 26, 1893 / Birth Place: Standrod, Ida	Full Name of Mother: Catherine Pickering	Name of Father: Thomas B. Jones	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Elva J. Jones Yates	Date Issued: 6-12-51	Date Orig. Entry
Class B	Date of Birth: Dec. 26, 1893 / Birth Place: Standrod, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: J. W. Benson	Evidence reviewed by: Mabel Peeler	Date Filed: July 30, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

866-209-004-852

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 13 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1142
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Magdalena Hoff			2. Date of Birth (month) (day) (year): December 9th, 1893
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Georgetown
FATHER	6. Full Name of Father: George Jacob Hoff			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Gladys Ardelia Hess			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Magdalena Hoff Dimick		11. Present Address of Registrant: Montpelier, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 10th, 19 51	12. Signature of Notary: Ruth Aland		13. Notary Commission expires: [illegible] 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church		Date Issued: Jan 16, 1951	Date Orig. Entry: June 8, 1902
Class* B	Date of Birth: Dec. 9, 1893	Birth Place: Georgetown, Idaho	Full Name of Mother: Gladys Hess	Name of Father: George J. Hoff	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church		Date Issued: 6-24-51	Date Orig. Entry:
Class B	Date of Birth: Dec. 9, 1893	Birth Place: Georgetown, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Family Bible		Date Issued:	Date Orig. Entry: 12-9, 1893
Class B	Date of Birth: Dec. 9, 1893	Birth Place: Georgetown, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Freeman	Date Filed: Aug. 14, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFIED COPY OF CERTIFICATE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF HEALTH

AUG 14 1939

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996/14-025-331

Department of Public Health
Division of Vital Statistics
Boise, Idaho

AUG 31 1951

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1194
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Albert Byron Irwin
2. Date Of Birth (month) (day) (year): December, 14, 1893
3. Color or Race: white
4. Sex: Male
5. Place of Birth a. County: Idaho County
b. City or Town of Birth: Pollock

FATHER

6. Full Name of Father: William E. Irwin
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Ittle Florence Clay
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: A B Irwin
11. Present Address of Registrant: P.O. Box Q. Chester, California.

NOTARY (Seal)

Subscribed and sworn to before me on: August, 21 1951
12. Signature of Notary: Goldie J. Irwin
13. Notary Commission expires: July, 1 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Honorable Discharge
By whom issued and signed: U. S. Army
Date Issued: 1-26-1919
Date Orig. Entry:
Date of Birth: 24 years old.
Birth Place:
Full Name of Mother:
Name of Father:
Class*: B

SUPPORTING RECORD 2.

Type of Document: Life Insurance Policy
By whom issued and signed: State Farm Life Insurance
Date Issued: Oct. 13, 1941
Date Orig. Entry:
Date of Birth: Dec. 14, 1893
Birth Place: Idaho
Full Name of Mother:
Name of Father:
Class: B

SUPPORTING RECORD 3.

Type of Document: Department of Commerce
By whom issued and signed: Census Record
Date Issued: 1900
Date Orig. Entry:
Date of Birth: 6 yrs old
Birth Place: Idaho
Full Name of Mother:
Name of Father:
Class: B

QUALIFYING INFORMATION

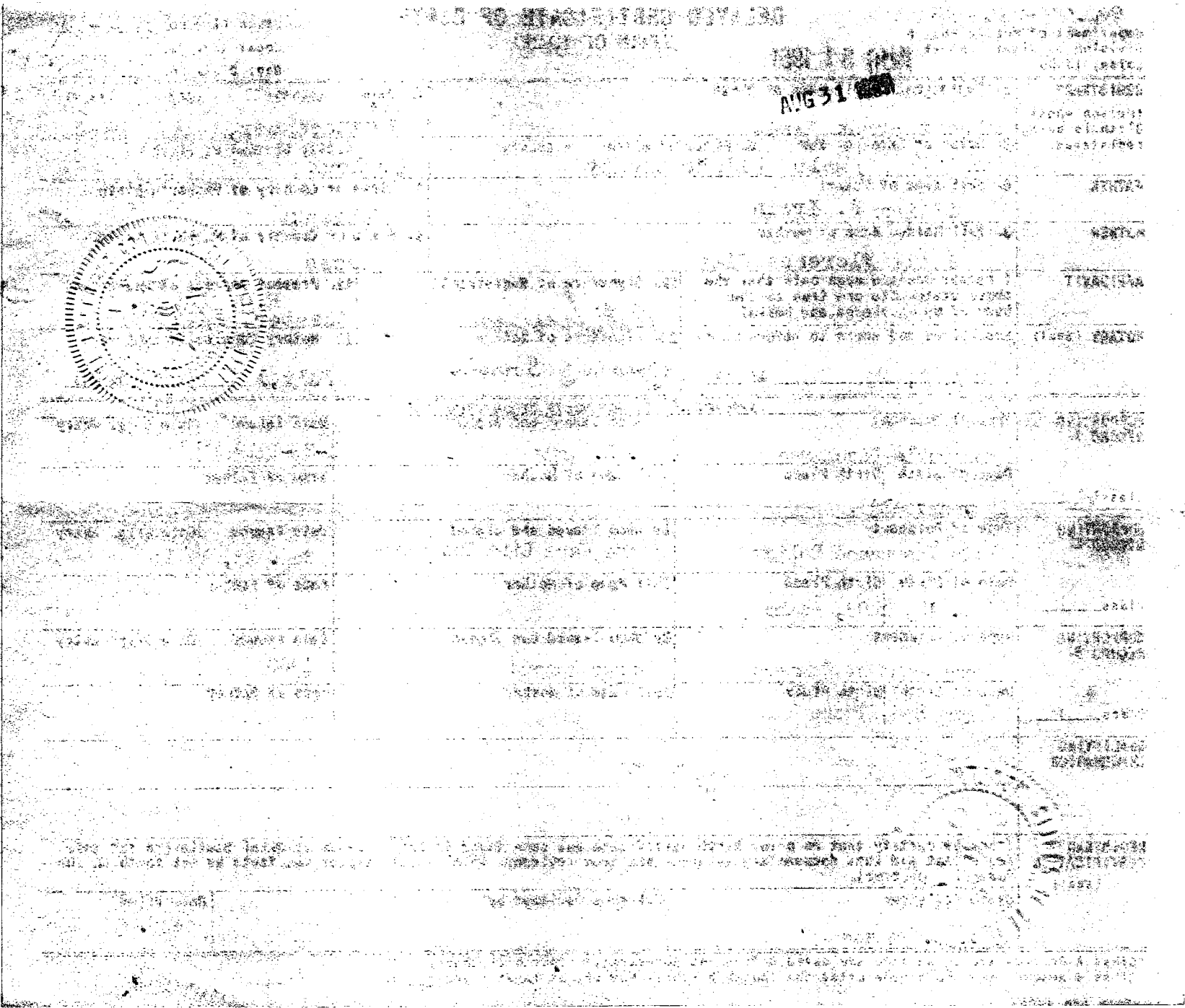
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by:
Date Filed: Aug. 31, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



869-105-029-795

Department of Public Health
Division of Vital Statistics
Boise, Idaho

AUG 31 19 **DELAYED CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. De51-1196
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Roy Wesley Horton

2. Date of Birth: (month) 3 (day) 5 (year) 1893

3. Color or Race: white | 4. Sex: male | 5. Place of Birth: a. County: Utah | b. City or Town of Birth: Troy

FATHER

6. Full Name of Father: James Wesley Horton

7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Jennie May Green

9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Roy W. Horton

11. Present Address of Registrant: 1421 Harper, Houston Tex

NOTARY (Seal)

Subscribed and sworn to before me on: August 27 1951

12. Signature of Notary: Isabelle McClain

13. Notary Commission expires: June 1, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Employment Record	Sinclair Refining Co.	8-23-51	Apr. 19, 1923
Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
3-5-1893 / Troy, Idaho			

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	Department of Commerce	1900 census	
Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
3-5-1893 / Troy, Idaho			

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	The Prudential Insurance Co.		7-25-1918
Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
Mch. 5, 1893, Troy, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

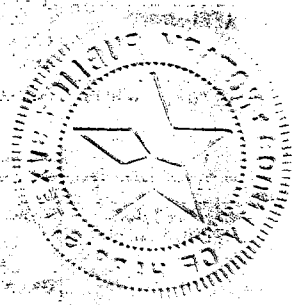
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Melvin Heiser	Aug. 31, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 31 1951



692-21-1022-364

RECEIVED
OCT 15 1951
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2127
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County Fremont (b) City Edmunds
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Edmunds
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Florence Fisher

5. Date of Birth of Child (Month, day, year) June 12, 1893

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME John Thomas Fisher
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer, Stockman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Compton
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Fillmore (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by John J. Fisher (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 89 years of age, that I have known this person for 38 years, and that Betty White (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. J. Fisher
Signature

St. Anthony, Idaho
P. O. Address

Subscribed and sworn to before me this 13th day of October, 1951

(SEAL)

Notary Public, residing at St. Anthony Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct. 15, 1951 by W. W. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 16 19

DELAYED

243-217029-69 RECEIVED NOV 16 1951 DIVISION OF VITAL STATISTICS

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2215
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items must be filled in at time of this birth)
   (a) County Latah (b) City Blaine (P.O.)
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county One years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Blaine (P.O.)
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blaine, Idaho

4. **FULL NAME OF CHILD** Ruth Frances Sutherland

5. Date of Birth of Child (Month, day, year) July 17, 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Tucker Sutherland
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Sutherlands (City or town) Ash County N.C. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucinda Elizabeth Horton
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Cove Creek (City or town) Watauga County, N.C. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 58 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cassie R. Sutherland Dyer Signature
921 W. 18th, Spokane, Washington P. O. Address

Subscribed and sworn to before me this 11th day of October, 19 51

(SEAL) Jay W. Clancy, Notary Public, residing at Spokane, Wash.

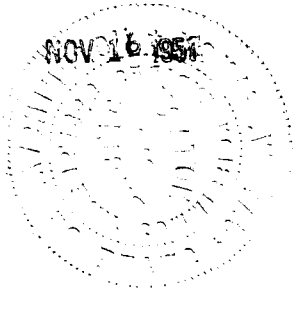
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 16, 1951 by W. W. Benson, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

753-21-040-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2535
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: SIGNE-G-PETERSON
2. Date Of Birth (month) (day) (year): AUG 14 1893
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: WEIPPE, IDAHO, SHOSHONE
b. City or Town of Birth: WEIPPE

FATHER

6. Full Name of Father: PETER-E-PETERSON
7. State or Country of Father's Birth: SWEDEN

MOTHER

8. Full Maiden Name of Mother: MARIA-SUSAN JOHNSON
9. State or Country of Mother's Birth: SWEDEN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Signe G. Gjesland formerly Signe G. Peterson
11. Present Address of Registrant: 201 Acacia St. San Jose Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: February 15, 1952
12. Signature of Notary: Ralph L. Purdy
13. Notary Commission expires: May 7, 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible viewed by Maurice Snyder, photographer		Aug. 14, 1893
Class* A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 14, 1893, Weippe, Idaho			
SUPPORTING RECORD 2.	Type of Document: Affidavit by	By whom issued and signed: Mrs. Belle Gafferey	Date Issued: 2-1-52	Date Orig. Entry
Class B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 14, 1893, Weippe, Idaho	Maria Susan Johnson	Peter E. Peterson	
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: Elizabeth E. Snyder	Date Issued: 2-1-52	Date Orig. Entry
Class B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 14, 1893, Weippe, Idaho	Maria Susan Johnson	Peter E. Peterson	

QUALIFYING INFORMATION

Also, affidavit by Adena Wilson gives the date of birth as Aug. 14, 1893 at Weippe, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
A. W. Benson	Mabel Hedden	3-12-52

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF OHIO

SWEDEN

SWEDEN

ANNA CATHARINA LINDSTROM

PETER E. PETERSON

ANNIE EDWARD WEIBOE IDAHO

SOPHIE C. PETERSON

WEIBOE

SWE

1861

167-206-001-133

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2553
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. South Boise
   (d) Name of Hospital or Maternity Home: Ada Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. South Boise
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Florence Jane Goplen

5. Date of Birth of Child (Month, day, year) Dec 6 - 1893

6. Sex Female

7. Twin or Triplet

If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Goplen
11. Color or Race White
12. Age at time of THIS birth ____ yrs.
13. Birthplace Virginia (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Feed & Livery & Grocery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Allen
17. Color or Race White
18. Age at time of THIS birth ____ yrs.
19. Birthplace South Carolina (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 58 years, and that ____ (First name) Mc Wha ____ (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Jane Foster Signature

P. O. Address

Subscribed and sworn to before me this 17 day of March, 19 52

(SEAL) Mabel Keeler, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 17, 1952 by W. W. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 19
DELAYED

884-106-040-718

United States
Department of Commerce
Bureau of the Census

(Be sure information is as of date of birth of THIS child)

RECEIVED
MAR 26 1952
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2591
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Kellogg Ida.
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Oregon (b) County Multnomah
(c) City Portland
(d) Street Address or R.F.D. No. 4541 E. 36th N.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address.

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Ida Bee Hyde

5. Date of Birth (Month, day, year) June 6, 1893

6. Sex. Male

7. ~~X~~ Twin or Triplet

If so—born X 1st, ~~2nd, 3rd~~

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Phygene Conrad Hyde

11. Color or Race

12. Age at time of THIS birth 44 yrs.

13. Birthplace Shongo, New York (City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Cadema Payne

17. Color or Race

18. Age at time of THIS birth 37 years

19. Birthplace Shongo, New York (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Apr. 2, 1952 (Date received) (b) W. W. Benson (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington }
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lena Jenkins, being first duly sworn, say that I am Aunt related (Related to (or) acquainted with) Ida Bee Hyde (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that not known (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lena Jenkins Name
Sandpoint Idaho (Star Route) P. O. Address

Subscribed and sworn to before me on this 4th day of March, 1952

(SEAL)

Amy M Longwell Notary Public, residing at Spokane, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



214-210-030-699

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED APR 7 1952 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2631
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Name at Birth: Edna Lemhi Kadletz
2. Date of Birth: December 10 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Lemhi

FATHER

6. Full Name of Father: William Kadletz
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Ada Elizabeth Wright
9. State or Country of Mother's Birth: Toronto, Canada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna Lemhi Kadletz (Kane)
11. Present Address of Registrant: 650 Cambridge Street Winnipeg, Manitoba, Canada

NOTARY (Seal)

Subscribed and sworn to before me on: April 2nd 1952

12. Signature of Notary: [signature]
13. Notary Commission expires: February 27 1956

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit	Nora Y. Whitwell	Apr. 2, 1952	
Class* B	Date of Birth / Birth Place: Dec. 10, 1893, Lemhi, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Certificate of Identity	for Walter J. Kane, husband American Foreign Service	Feb. 2, 1911	
Class B	Dec. 10, 1893, Lemhi, Idaho			
SUPPORTING RECORD 3.	School Record	Lemhi County County Sup't of Schools	3-31-52	
Class B	Dec. 10, 1893, Lemhi, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Apr. 8, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. City, No. _____

REGISTRATION

1. Registration District No. _____
Division of Vital Statistics
Boise, Idaho

CHILD

2. Legal Name at Birth
Maria Lenki Bellotte

3. Date of Birth (Month) (Day) (Year)
Dec. 10, 1912

4. Sex
Female

5. Place of Birth
City or Town: Reno
County: Washoe
State: Nevada

6. Usual Residence
Not Applicable

7. Color or Race
White

8. If not single, number of previous children born to this mother
Not Applicable

9. I hereby certify upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on

10. Signature of Registrant

11. Signature of Witness

12. Address

PARENTAGE

13. Name of Father
Joseph Bellotte

14. Residence
Reno, Nevada

15. Color or Race
White

16. Age at last birthday
(Years)
39

17. Birthplace
City or Town: Reno
County: Washoe
State: Nevada

18. Occupation
Miner

19. Name of Mother
Maria Lenki Bellotte

20. Residence
Reno, Nevada

21. Color or Race
White

22. Age at last birthday
(Years)
39

23. Birthplace
City or Town: Reno
County: Washoe
State: Nevada

24. Occupation
Housewife

SUPPORTING RECORDS

25. Name of Document
Baptismal Certificate

26. Date Issued
Dec. 10, 1912

27. Name of Custodian
Father Joseph Bellotte

28. Address
Reno, Nevada

29. Date of Birth Given
Dec. 10, 1912

30. Date Filed
Dec. 10, 1912

31. Name of Document
School Records

32. Date Issued
May 10, 1922

33. Name of Custodian
Principal of School

34. Address
Reno, Nevada

35. Date of Birth Given
Dec. 10, 1912

36. Date Filed
Dec. 10, 1912

RECORDING & CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing affidavit.

(Seal)

State Registrar

Evidence Recorded by

Date Filed
Dec. 10, 1922

Items 8 through 12 are to be made and dated before the Registrar only if the mother is living, Items 8 through 24 are to be made after the fourth birthday but not at least 5 years old.

551-124-036-249

De52-2650

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Oneida
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Oneida
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oneida Idaho

4. **FULL NAME OF CHILD** William Evans

5. Date of Birth of Child (Month, day, year) 4-24-1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Morgan Evans
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabell Burnett Evans
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 13

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 89 years of age, that I have known this person for 58 years, and that the Mother and Father (First name) (Last name), who attended this birth Are now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alex Burnett Signature

Rt #1, Mt View Dr P. O. Address

Subscribed and sworn to before me this 15 day of April, 1952

(SEAL) W. Scott Brown, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 4-15-1952 by W. I. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

MAY 16 1972

APR 16 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-227 044-292

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2656
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clara J. Shaw or Clara Jane Shaw
2. Date of Birth (month) August (day) 27th (year) 1893
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Middle Valley, Washington
b. City or Town of Birth: now Midvale Idaho

FATHER

6. Full Name of Father: Ben J. Shaw
7. State or Country of Father's Birth: Missouri U. S. A.

MOTHER

8. Full Maiden Name of Mother: Phebe Jane Shaw Kisling
9. State or Country of Mother's Birth: Ohio U. S. A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clara J. Satterfield
11. Present Address of Registrant: 514 Blaine St. Caldwell Ida

NOTARY (Seal)

Subscribed and sworn to before me on April 14 1952
12. Signature of Notary: [illegible]
13. Notary Commission expires: July 1 1953.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Application for Membership	Rebekah Lodge	May 6, 1912	
	Date of Birth: 18 yrs old — Birth Place: Midvale, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Lodge Record	Royal Neighbors of America	Oct. 10, 1929	
	Date of Birth: Aug. 27, 1893 — Birth Place: Midvale, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Affidavit by Sister	Nettie M. Ware	Apr. 9, 1952	
	Date of Birth: Aug. 27, 1893 — Birth Place: Midvale, Idaho	Full Name of Mother: Phebe Jane Kisling	Name of Father: Ben J. Shaw	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Heelan	Apr. 16, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. Registrant's Full Name at Birth

2. Date of Birth (Month) (Day) (Year)

3. City or Town of Birth

4. County of Birth

5. Sex

6. Color or Race

7. Number of Children Previously Born to This Mother

8. Number of Other Children Now Living

9. Number of Other Children Now Dead

10. Date Last Child Was Born Alive

11. Length of Present Marriage

12. Husband's Age at Last Birthday

13. Wife's Age at Last Birthday

14. Husband's Birthplace (State or Country)

15. Wife's Birthplace (State or Country)

16. Husband's Usual Occupation

17. Wife's Usual Occupation

18. Kind of Business or Industry

19. Husband's Education (Last Grade Completed)

20. Wife's Education (Last Grade Completed)

FATHER

21. Full Name of Father

22. State or Country of Father's Birth

MOTHER

23. Full Maiden Name of Mother

24. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

25. Signature of Informant

26. Address of Informant

27. Personal Appearance of Registrant

28. Subscribed and sworn to before me on

29. Signature of Notary

30. Notary Commission Expires

SUPPORTING RECORD 1

Type of Document

Date Issued

By Whom Issued and Signed

Date Reg. Entry

Date of Birth as Given

Full Name of Mother

Name of Father

SUPPORTING RECORD 2

Type of Document

Date Issued

By Whom Issued and Signed

Date Reg. Entry

Date of Birth as Given

Full Name of Mother

Name of Father

CERTIFICATION

I hereby certify that no prior birth records have been found in the Division of Vital Statistics for this registrant and that documentary evidence has been furnished, on an affidavit basis the facts as set forth in the foregoing abstract.

State Registrar

Evidence received by

Date Filed

IMMUNIZATION

Type A record of these shots is given to the registrant's parent or guardian.

Data recorded are those required by law at least 5 years old.

449-217004-751

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2660
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: EDNA MAE MURPHY
2. Date Of Birth (month) (day) (year): January 17 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Montpelier (Home) Bear Lake
b. City or Town of Birth: Montpelier Bear Lake

FATHER

6. Full Name of Father: Patrick Charles Murphy
7. State or Country of Father's Birth: Hancock, Michigan

MOTHER

8. Full Maiden Name of Mother: MAE CLARE PEARCE
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna Mae Purtill
11. Present Address of Registrant: P.O.Bx 111, Aromas, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on April 7 1952

12. Signature of Notary: Leo Hopkins Notary Public for Monterey County
13. Notary Commission expires: My Commission Expires [illegible] 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	St. Joseph's, Pocatello, Idaho		Oct. 24, 1893
Class* A	Date of Birth / Birth Place: Jan. 17, 1893, Montpelier, Idaho	Full Name of Mother: Edna Mary Murphy	Name of Father: Partick Murphy	
SUPPORTING RECORD 2.	Affidavit	Mae Ferguson, mother	Aug. 3, 1942	
Class B	Date of Birth / Birth Place: Jan. 17, 1893, Montpelier, Idaho	Full Name of Mother: Mae Clare Pearce	Name of Father: Patrick Charles Murphy	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Hedges	Apr. 16, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

DELAYED CERTIFICATE OF BIRTH

369-220-001-133

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2667
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALMA-ELLEN-LORTON
2. Date of Birth (month) NOV (day) 20th (year) 1893
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: EMMETT-BOISE IDAHO
b. City or Town of Birth: EMMETT

FATHER

6. Full Name of Father: EUGENE LORTON
7. State or Country of Father's Birth: SHELBY CITY-MISSOURI 1869

MOTHER

8. Full Maiden Name of Mother: SARAH MAYBELLE ALLEN
9. State or Country of Mother's Birth: DEARLODGE-MONTANA 1867

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Jerry Gladfelter (Alma Ellen Gladfelter)
11. Present Address of Registrant: Clinton Court Apts Walla Walla, Wash

NOTARY (Seal)

Subscribed and sworn to before me on April 10th 1952
12. Signature of Notary: D. J. McKelvey
13. Notary Commission expires: March 18th 1955

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Uncle	Grover A. Allen	Apr. 10, 1952	
Class* B	Date of Birth / Birth Place: Nov. 20, 1893, Emmett, Idaho	Full Name of Mother: Sarah Maybelle Allen	Name of Father: Eugene Lorton	
SUPPORTING RECORD 2.	Affidavit by mother	Sarah Lorton	Apr. 10, 1952	
Class B	Date of Birth / Birth Place: Nov. 20, 1893, Emmett, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Marriage Record	St. Paul's Episcopal, Walla	Walla, Wash	11-20-13
Class B	Date of Birth / Birth Place: 20 yrs old	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleeson	Apr. 17, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State file No.

Local Reg. No.

Reg. Dist. No.

CHILD/STUDENT — 1. Registrant's Full Name at Birth: ALMA ELLEN LORTON — 2. Date of Birth: NOV. 20, 1873

3. Sex: WHITE FEMALE — 4. Color or Race — 5. Place of Birth: [illegible]

PARENTS — 6. Full Name of Father: EUGENE LORTON

MOTHER — 7. Full Maiden Name of Mother: [illegible] ALLEN

AFFIDAVIT — I (We) the above declare upon oath that the statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

REGISTRAR'S CERTIFICATION — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been reviewed, which substantiates the facts as set forth in this delayed certificate.

Registrar

Date Filed

Evidence reviewed by

Date Issued

Issued a Search made and data found negative.

Issued a Search made and data found positive.

C.O.D. 0 Records are three made after ten (10) days and prior to [illegible] months old.

Fee $4.00

255-221-029-753

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 31 1952

State File No. De52-2700
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lettie Edith Keeney	2. Date of Birth (month) (day) (year): October 21 1893	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Troy Idaho Latah; b. City or Town of Birth: Troy
FATHER	6. Full Name of Father: Walter Amos Keeney	7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Mary Florence Peterson	9. State or Country of Mother's Birth: Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lettie E. Davidson	11. Present Address of Registrant: 1019 S. Harrison Moscow Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 26 1952	12. Signature of Notary: Lawrence E Hoff	13. Notary Commission expires: 12/19 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt	By whom issued and signed: Lulu B. Sawyer	Date Issued: 2-26-52	Date Orig. Entry:
Class* B	Date of Birth: Oct. 21, 1893 / Birth Place: Troy, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Angie Smith	Date Issued: Apr. 19, 1952	Date Orig. Entry:
Class B	Date of Birth: Oct. 21, 1893 / Birth Place: Troy, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle	By whom issued and signed: Samuel B. Peterson	Date Issued: Apr. 19, 1952	Date Orig. Entry:
Class B	Date of Birth: Oct. 21, 1893 / Birth Place: Troy, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Beeson	Date Filed: Apr. 24, 1952	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTERED

1. Name of child (First, middle, last)

2. Sex

3. Date of birth (Month, day, year)

4. Place of birth

5. Name of father

6. Maiden name of mother

7. Birthplace of father

8. Birthplace of mother

9. Usual residence of parents

10. Color or race of father

11. Color or race of mother

12. Age of father at last birthday

13. Age of mother at last birthday

14. Number of previous children born to this mother

15. Number of previous children now living

16. Number of previous children dead

17. Informant

18. Address of informant

19. Date filed

20. Signature of local registrar

21. Date registered

I HEREBY CERTIFY that I attended the birth of the child above named, that it was born alive at the time and on the date above stated, and that the statements subscribed are true according to the best of my knowledge and belief.

Signature

Address

Date signed

Physician, Midwife or Other

Corrections or additions to this certificate must be made only on order of the State Registrar and over his signature.

Date

Signature of State Registrar

Date Issued

Issued by

Date Filed

Filed by

Local Reg. No.

Dist. No.

Reg. No.

363-229-044-213

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2727
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rela Fena Lolley
2. Date of Birth (month) (day) (year): October 29 1893
3. Color or Race: white
4. Sex: Female
5. Place of Birth: a. County: Washington; b. City or Town of Birth: Washington County, Idaho

FATHER

6. Full Name of Father: John Edward Lolley
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Rosette Saling
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rela Fena Lolley
11. Present Address of Registrant: Box 32, Vale, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on 2/6th 1952

12. Signature of Notary: R R Lloyd
13. Notary Commission expires: March 15 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible Record	Family Bible viewed by R. R. Lloyd, Notary		Oct. 29, 1893

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 29, 1893			

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's birth certificate	On file #46822 Boise, Idaho Bureau of Vital Statistics		11-15-1916

Date of Birth	Birth Place	Full Name of Mother	Name of Father
23 yrs old	Idaho		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Mabel Felder	Apr. 29, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Local Reg. No. _____
Reg. Dist. No. _____
State File No. 2927

REGISTRANT

1. Registrant's Full Name at Birth
Vela Fern Jolley

2. Date of Birth (Month) October (Day) 29 (Year) 1892

(Person whose birth is being registered)

PARENTS

3. Color or Race: White 4. Sex: Female

5. Place of Birth: Weiser

6. County: Washington

7. City or Town of Birth: _____

8. Full Name of Father
John Edward Jolley

9. State or Country of Father's Birth
Nebraska

MOTHER

8. Full Maiden Name of Mother
Rosette Sling

9. State or Country of Mother's Birth
Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant
Box 32, Vale, Oregon

Subscribed and sworn to before me on (Seal)

12. Signature of Notary

13. Notary Commission expires
_____, 19__

DO NOT WRITE BELOW THIS LINE

REGISTERED

Date of Statement

By whom Filed

Date Filed

Date of Birth

Birth Place

Mother's Maiden Name

Father's Name

Date Issued

Date Orig. Entry

CORRECTED RECORD

Date of Statement

By whom Filed and Signed

Date Filed

Date of Birth

Birth Place

Mother's Maiden Name

Father's Name

Date Issued

Date Orig. Entry

AMENDED RECORD

Type of Document

By whom Issued and Signed

Date Issued

Date of Birth

Birth Place

Mother's Maiden Name

Father's Name

Date Issued

Date Orig. Entry

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing statement.

Date Issued

Evidence Received by

Delayed Registrar

D. A. Person

Class A Records are those made and data entered before the registrant's fourth birthday.
Class B Records are those made after the registrant's fourth birthday but before his first birthday.

331212 (028-261)

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2761
Local Reg. No.
Reg. Dist. No.

RECEIVED MAY 6 1952 DIVISION OF VITAL STATISTICS STATE OF IDAHO

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Carrie Margaret Clark
2. Date Of Birth (month) June (day) 12 (year) 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Kootenai
b. City or Town of Birth: Granite

FATHER

6. Full Name of Father: Archie Joel Clark
7. State or Country of Father's Birth: Nine Mile Oregon

MOTHER

8. Full Maiden Name of Mother: Laura Ann Soar
9. State or Country of Mother's Birth: Douglas Co. Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carrie Margaret Rooks
11. Present Address of Registrant: 1824 Rockrose Rd West Sacramento Calif

NOTARY (Seal)

Subscribed and sworn to before me on May 29 1952

12. Signature of Notary: M L Rook
13. Notary Commission expires: July 30 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible		June 12, 1893
Class* A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 12, 1893, Granite, Idaho			
SUPPORTING RECORD 2.	Census Record	Department of Commerce Bureau of the Census		1910 Census
Class B	June 12, 1893, Granite, Idaho	Laure A. and	Archie J. Clark	
SUPPORTING RECORD 3.	Affidavit by sister	Stella M. Noble	May 2, 1952	
Class R	June 12, 1893, Granite, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel H Freeman	May 6, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 7 1956

819-217-003-359

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
MAR 17 1952
DIVISION OF VITAL STATISTICS

State File No. De52-2815
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Katie Genevieve Harrison
2. Date of Birth (month) (day) (year): September 17, 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Pocatello — b. City or Town of Birth: Pocatello Idaho

FATHER

6. Full Name of Father: Heber Chase Harrison
7. State or Country of Father's Birth: London, England

MOTHER

8. Full Maiden Name of Mother: Capitola Marie Beirdneau
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Katie Genevieve Harrison
11. Present Address of Registrant: 108 South 56th Tacoma, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: March 13 19 52

12. Signature of Notary: Edith Askew
13. Notary Commission expires: January 29 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit	Fanny Harrison Powell(Sister)	Mar.13,1952	
Class* B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept.17,1893 Pocatello, Ida.	Capitola Marie Beirdneau	Heber Chase Harrison	
SUPPORTING RECORD 2.	Certificate of Marriage	Province of Alberta		May 7, 1913
Class B	19yrs old / Pocatello, Idaho	Capitaola Birdemean	Heber Chase Harrison	
SUPPORTING RECORD 3.	Affidavit by sister	Inez American Harrison Pyrah	May 14, 1952	
Class B	Sept. 17, 1893, Pocatello, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Nelson	May 19, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

NOV 4

PUBLIC

Idaho

754-12 1037-217

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2861
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William Joseph Pederson
2. Date of Birth (month) (day) (year): Feb. 12, 1893
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County: Owyhee; b. City or Town of Birth: Cow Creek

FATHER

6. Full Name of Father: Hilmer Olaf Pederson
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Bessie Baxter
9. State or Country of Mother's Birth: Jordan Valley, Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant
11. Present Address of Registrant: Arcata, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: May 26, 1952 19___
12. Signature of Notary: William J. Pederson
13. Notary Commission expires: May 7, 1953 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge	U. S. Army		Oct. 11, 1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
24yrs and 8 mo. old	Idaho		

Class* B

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt	Mrs. George Tonkin	May 26, 1952	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 12, 1893	Cow Creek	Bessie Baxter Pederson	Hilmer Olaf Pederson

Class B

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by	Mrs. Fred Palmer	May 26, 1952	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 12, 1893	Cow Creek, Idaho	Bessie Baxter	Hilmer Olaf Pederson

Class B

QUALIFYING INFORMATION

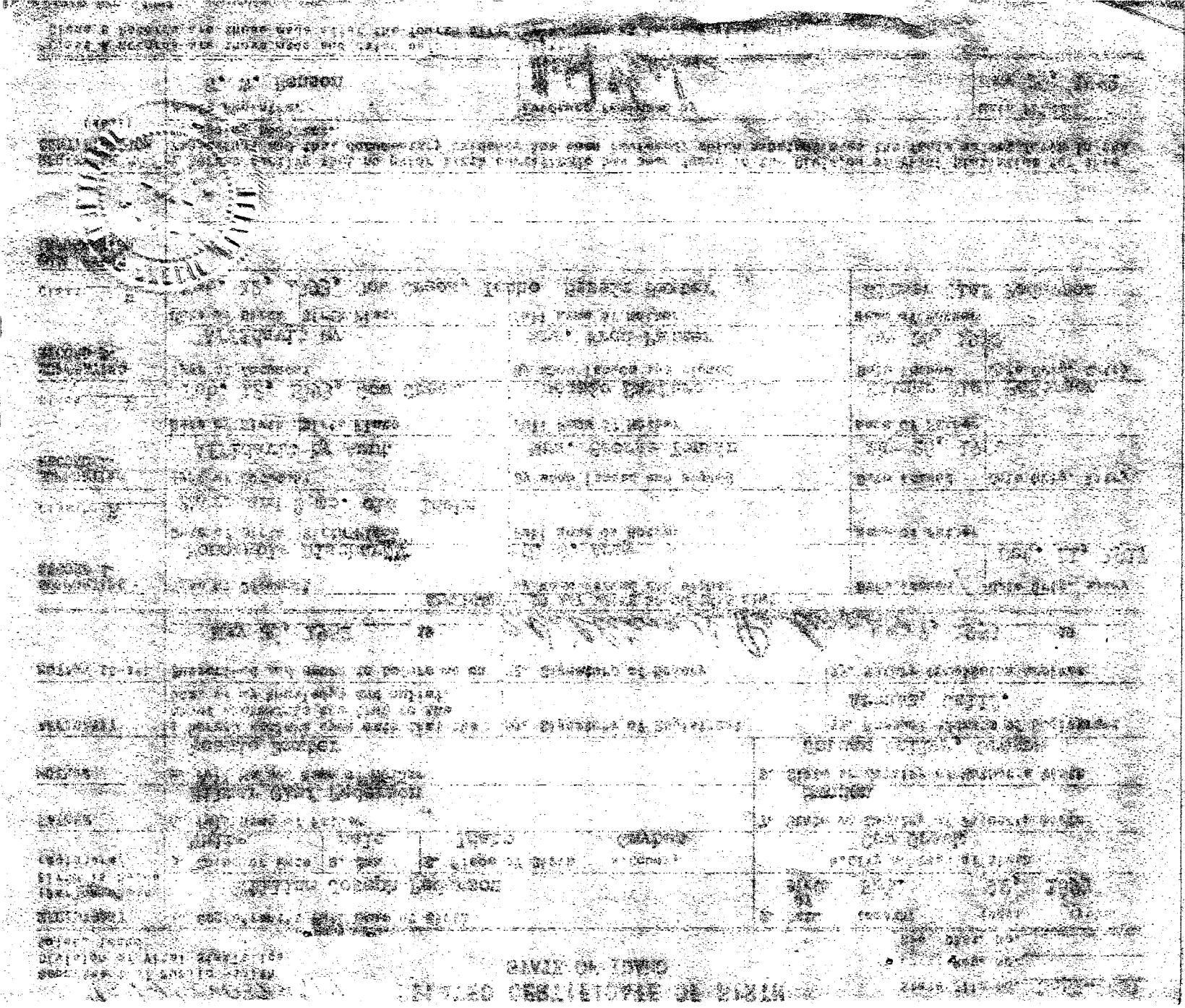
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Gleason	May 26, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



LEN JORDAN, GOVERNOR
EX-OFFICIO COMMISSIONER

L. J. PETERSON, M.S.P.H.
ADMINISTRATIVE DIRECTOR

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH

BOX 640 — PHONE 3800
BOISE, IDAHO

May 26, 1952

I, Mrs. Fredge Palmer, do swear that I am the daughter of the midwife who attended the birth of William Joseph Pederson, born in Cow Creek. I know of my own knowledge he was born Feb. 12, 1893, father's name was Hilmer Olaf Pederson, mother Bessie Baxter.

Mrs Fred Palmer.

Subscribed and sworn to before me on the ..... May, 1952

Mabel E. Fredson
Notary Public

LEN JORDAN GOVERNOR
FOR PUBLIC ECONOMIC WELFARE

C. J. PETERSON M.S.P.H.
ADMINISTRATIVE DIRECTOR

SECTIONS

LABORATORIES
VITAL STATISTICS
ACCOUNTS AND FINANCE
NURSING
PERSONNEL
HOSPITAL FACILITIES
HEALTH INFORMATION

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH

BOX 640 — PHONE 3600

BOISE, IDAHO

May 26, 1952

I, Mrs. Fred Palmer, do swear that I am the daughter of the midwife who attended the birth of William Joseph Peterson, born in Coe Creek. I know of my own knowledge he was born Feb. 12, 1893, father's name was Hilmer Olaf Pederson, mother Fossie Baxter.

Mrs. Fred Palmer

Subscribed and sworn to before me on this ..... May, 1952

Notary Public

LEN JORDAN, GOVERNOR
EX-OFFICIO COMMISSIONER

L. J. PETERSON, M.S.P.H.
ADMINISTRATIVE DIRECTOR

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH

BOX 640 — PHONE 3800
BOISE, IDAHO

SECTIONS

LABORATORIES
VITAL STATISTICS
ACCOUNTS AND FINANCE
NURSING
PERSONNEL
HOSPITAL FACILITIES
HEALTH INFORMATION

May 26, 1952

I, Mrs. George Tonkin, do swear that I am the Aunt of William Joseph Pederson, that I know of my own knowledge he was born in Cow Creek, Idaho on Feb. 12, 1893. The fathers name was Hilmer Olaf Pederson, mother Bessie Baxter.

Mrs. George Tonkin

Subscribed and sworn to before me on the 26th day of May 1952.

Notary Public

MAY 27 1952

LEN JORDAN, GOVERNOR
ex-officio COMMISSIONER

L. J. Pfleeger, M.S.P.H.
ADMINISTRATIVE DIRECTOR

SECTIONS
LABORATORIES
VITAL STATISTICS
ACCOUNTS AND FINANCE
NURSING
PERSONNEL
HOSPITAL FACILITIES
HEALTH INFORMATION

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH

BOX 640 — PHONE 3600

BOISE, IDAHO

May 26, 1952

I, Mrs. George Tomlin, do swear that I am the Aunt of William Joseph Pederson, that I know of my own knowledge he was born in Cow Creek, Idaho on Feb. 12, 1893. The fathers name was Hilmer Olaf Pederson, mother Jennie Sater.

Mrs. George Tomlin

Subscribed and sworn to before me on the 26th day of May 1952.

Notary Public

STATE OF IDAHO

264-218-004-632

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De52-2899
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Selma Christina Sorensen
2. Date of Birth (month) June (day) 18 (year) 1893
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Liberty Idaho Bear Lake
b. City or Town of Birth: Liberty Idaho.

FATHER

6. Full Name of Father: Charles C. Sorensen
7. State or Country of Father's Birth: Utah - Box Elder Co.

MOTHER

8. Full Maiden Name of Mother: Mary Olsson
9. State or Country of Mother's Birth: Sweden.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Selma C Poulsen
11. Present Address of Registrant: Rt 2 Box 14 Nyssa Ore.

NOTARY (Seal)

Subscribed and sworn to before me on May 5th 1952

12. Signature of Notary: Don M Graham
13. Notary Commission expires: Feb 23. 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	L. D. S. Church	5-26-52	7-7-1901

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 18, 1893	Liberty, Idaho	Mary Olsson	Charles C. Sorensen

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Membership	Idaho Mutual Association		Nov. 1, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 18, 1893	Liberty, Idaho		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F Fredson	June 7, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics

State File No. 3852-6900

Local Reg. No.

Cert. No.

PERSONAL DESCRIPTION

(Person whose birth is being registered)

1. Registrant's Full Name at Birth

2. Date of Birth (Mo., Day, Year)

3. Place of Birth (City, County)

FAMILY

4. Full Name of Father

5. State or Country of Father's Birth

MOTHER

6. Maiden Name of Mother

7. State or Country of Mother's Birth

INFORMANT

8. I hereby declare and swear that the above statements are true to the best of my knowledge and belief

9. Signature of Informant

10. Present Address of Informant

CERTIFICATION

11. I hereby swear and affirm to before me on

12. Signature of Notary

13. Notary Commission Expires

OFFICIAL USE ONLY

14. Date Filed by State Registrar (Mo., Day, Year)

15. Signature of State Registrar

16. Date Issued (Mo., Day, Year)

SECOND COPY

Certificate of Birth

Date of Birth Birth Place

Type of Document

Full Name of Mother

Maiden Name of Mother

Date Issued

Name of Father

SECOND COPY

Certificate of Birth

Date of Birth Birth Place

Type of Document

Full Name of Mother

Maiden Name of Mother

Date Issued

Name of Father

CERTIFICATION

I hereby certify that my office has custody of the records of birth in the Division of Vital Statistics for this registrant and that according to evidence and data received, birth was established as set forth in the foregoing abstract.

(Seal)

State Registrar

By Deputy Registrar

Date Filed

Items 9 through 13 are to be completed by the Registrar only if delayed registration.

Items 9 through 13 are to be completed by the Registrar only if delayed registration.

585-225-006-349

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3070
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edith Eliza Eynon
2. Date Of Birth (month) (day) (year): March 25 1893
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Victor Bingham
b. City or Town of Birth: Victor Idaho

FATHER

6. Full Name of Father: John L. Eynon
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Lois Ann Curtis
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edith E. Evans
11. Present Address of Registrant: 85, So Shilling Blackfoot Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: June 25 1952
12. Signature of Notary: Patricia C Preston
13. Notary Commission expires: Feb 5 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Genealogical Record
By whom issued and signed:
Date Issued:
Date Orig. Entry:

Class* A

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 25, 1893	Victor, Idaho	Lois Ann Curtis	John L. Eynon

SUPPORTING RECORD 2.

Type of Document: Application for insurance
By whom issued and signed: Idaho Mutual Benefit Assn.
Date Issued: Jan. 24, 1942
Date Orig. Entry:

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 25, 1893	Victor, Idaho		

SUPPORTING RECORD 3.

Type of Document:
By whom issued and signed:
Date Issued:
Date Orig. Entry:

Class

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	July 30, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 31 1958

Bureau of Public Health Statistics
Division of Vital Statistics
Boise, Idaho

CHILD'S NAME
(Print)

1. Name of child

2. Date of birth

3. Sex

4. Color or Race

5. Place of Birth

6. Usual residence

7. Name of Father

8. Maiden name of Mother

9. State or Country of Father's Birth

10. State or Country of Mother's Birth

PARENTS

11. Present Address of Applicant

12. Signature of Applicant

I hereby swear that the above facts are true to the best of my knowledge and belief.

NOTARY

Subscribed and sworn to before me on

13. Signature of Notary

14. Notary Commission expires

SUPPORTING RECORD

Type of Document

Original or Duplicate

Issuing Office

Date Issued

Date Orig. Entry

Name of Father

SUPPORTING RECORD

Type of Document

By whom issued and signed

Date Issued

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Maiden Name of Mother

Class

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing application.

(seal)

State Registrar

Evidence reviewed by

Date Filed

Class A Records are those made and kept prior to the beginning of the fourth year after the event.

Class B Records are those made after the fourth year but were at least 5 years old.

432209-016-344

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-B179
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FRANCES SARAH McBRIDE
2. Date of Birth (month) Oct. (day) 9 (year) 1893
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: Oakley Cassia
b. City or Town of Birth: Oakley Cassia Co Ida

FATHER

6. Full Name of Father: ROBERT WELLS McBRIDE
7. State or Country of Father's Birth: Grantsville Utah

MOTHER

8. Full Maiden Name of Mother: EDITH DESERET CUMMINS
9. State or Country of Mother's Birth: Grantsville Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sarah McMurray / Sarah McMurray
11. Present Address of Registrant: 5845 Cecilia Bell Gardens Calif

NOTARY (Seal)

Subscribed and sworn to before me on August 29th 1952

12. Signature of Notary: Bernice B Daniels
NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

13. Notary Commission expires: My Commission Expires Mar. 28, 1956 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Church Record	L. D. S. Church		Dec. 15, 1895
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Oct. 9, 1893, Oakley, Idaho	Edith Cummings	Robert McBride	
SUPPORTING RECORD 2. Class B	Census Record	Department of Commerce Bureau of the Census		1900 Census
	Oct. 1893 / Idaho			
SUPPORTING RECORD 3. Class B	Insurance Policy	Metropolitan Life Insurance Co.		Sept. 1, 1927
	Oct. 9, 1893, Oakley, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Freeman	Sept. 2, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 3 1952

819-121-038-863

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3187
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dear Riley Harrington
2. Date Of Birth (month) June (day) 21 (year) 1893
3. Color or Race
4. Sex
5. Place of Birth: a. County Idaho; b. City or Town of Birth Payette

FATHER

6. Full Name of Father: Lewis Clark Harrmgton
7. State or Couptry of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Sadie Elibeth Holford
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dear Riley Harrington
11. Present Address of Registrant: W-2614 Oakland ave Spokane Wash

NOTARY (Seal)

Subscribed and sworn to before me on August 27, 1952
12. Signature of Notary: Kathleen M. Taft
13. Notary Commission expires: March 4, 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family Record	Family viewed by Kathleen Taft, Notary		June 21, 1893
Class* A	Date of Birth / Birth Place: June 21, 1893, Payette, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Insurance Policy	Bankers Reserve Life Co.		6-8-21
Class B	Date of Birth / Birth Place: June 21, 1893, Payette, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Affidavit by father	Lewis Clark Harrington	Aug. 18, 1952	
Class B	Date of Birth / Birth Place: June 21, 1893, Payette, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

Also, Honorable Discharge from the U. S. Army gives age as 25 years old in 1918.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		Sept. 3, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Bureau of Vital Statistics
Boise, Idaho

State File No. [illegible]

Local Reg. No. _____

Reg. dist. no. _____

REGISTERED

1. Child's name as given

2. Date of birth (Month) (Day) (Year)

3. Place of birth (County) (City or town of birth)

Idaho, Payette

FATHER

4. Full name

5. Race or Color

6. Birthplace (State or Country)

MOTHER

7. Full maiden name

8. Race or Color

9. Birthplace (State or Country)

AFFIDAVIT

10. I (we) declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Signature of Applicant

12. Present address of Applicant

NOTARY

Subscribed and sworn to before me on

13. Signature of Notary

14. Notary Commission expires

Certificate of Birth Registered

Date Issued

By whom issued and signed

Family viewed by Justices Clerk, Notary

Date Issued

Name of Father

Maiden Name of Mother

Date of Birth Place

Name of Child

Date Issued

By whom issued and signed

Adelaide Reserve Life Co.

Date Issued

Name of Father

Full Name of Mother

Date of Birth Place

June 21, 1892, Payette, Idaho

Date Issued

By whom issued and signed

Doris Clark Harrington

Aug. 10, 1952

Name of Father

Full Name of Mother

Date of Birth Place

June 21, 1892, Payette, Idaho

Geo. Honorable Discharge from the U.S. Army given age as 25 years old 1919.

Date Issued

Evidence received by

Name Clerk

Sept. 1, 1952

SYS208-035-219

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3190
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ethel, or Effie May Vanairsdale
2. Date of Birth (month) (day) (year): July 8 - 1893
3. Color or Race: White | Sex: Female
5. Place of Birth: a. County (Now Clearwater) Nez Perce b. City or Town of Birth: Leland Idaho

FATHER

6. Full Name of Father: Peter G. Vanairsdale
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Phoebe May Bartlett
9. State or Country of Mother's Birth: Washington State

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ethel May Daniels
11. Present Address of Registrant: Mill City Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: July 12 1952
12. Signature of Notary: David R. Reid
13. Notary Commission expires: June 13 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Census Record of 1900	Roy V. Peel	7/16/52	6/1/1900
Class* B	Date of Birth: 6 yrs old July, 1893 / Birth Place: Idaho	Full Name of Mother: Phoebe Vanairsdale	Name of Father: Peter Vanairsdale	
SUPPORTING RECORD 2.	Application for Ins.	Northwestern Life & Accident Co.	7/26/37	
Class B	Date of Birth: July 8, 1893 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Ltr from St. Joseph's Hospital re registrant as a patient at that hospital	Medical Librarian Sister Marion, R.R. L.	8/18/52	May 1937
Class B	Date of Birth: July 8 43 yrs old. / Birth Place: Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 3, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR

REGISTERED

CERTIFICATE OF BIRTH

FATHER

MOTHER

INFORMANT

CERTIFICATION

Clerk of Court

Jan. 3, 1952

Mary Thomas Edwards

Jennie Thomas Edwards

Jennie Thomas Edwards

Thomas Thomas Edwards

Thomas Thomas Edwards

Thomas

712-123-037-291

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3205
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William John Pascoe
2. Date of Birth: (month) Nov. (day) 23 (year) 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Owyhee; b. City or Town of Birth: Nov. DELMAR

FATHER

6. Full Name of Father: John Pascoe
7. State or Country of Father's Birth: Trewenack Wendron Co. Cornwell England

MOTHER

8. Full Maiden Name of Mother: Elizabeth Bray (Pascoe)
9. State or Country of Mother's Birth: Isle Royal Michigan.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William John Pascoe
11. Present Address of Registrant: 4041 Paseo Dorado, Tucson Arizona.

NOTARY (Seal)

Subscribed and sworn to before me on: August 25 1952
12. Signature of Notary: Louise Caballero
13. Notary Commission expires: Sept. 29 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Census	Maybelle Hogan County Supt. of Schools, Butte, Mont		1901 census

Class* B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 23, 1893			

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge	U. S. Army	May 27, 1919	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
25 yrs old			

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Employment Record	Anaconda Copper Mining Co.	6-25-52	Aug. 2, 1920

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
27 yrs	Delmar, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Freeman	Aug. 29, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Des2-2805
Local Reg. No.
Reg. Dist. No.

CHILD	1. Registrant's Full Name at Birth: William John Fassoo		2. Date of Birth: (month) Nov. (day) 23 (year) 1859	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Delmar (County) Owyhee	6. City or Town of Birth: Delmar
FATHER	7. Full Name of Father: John Fassoo		8. State or Country of Father's Birth: Pennsylvania (Bedford Co. Cornwall)	
MOTHER	9. Full Maiden Name of Mother: Elizabeth Bray (Fassoo)		10. State or Country of Mother's Birth: Isle Royal Michigan.	
OATH	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant: Joel Fassoo Oredo Tucson Arizona	
	Subscribed and sworn to before me on 19	13. Signature of Notary	14. Notary Completing Oaths: [illegible]	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible] Birth Records	By whom issued and signed: [illegible] Supt. of Schools, Butte, Mont.	Date Issued: 1908	
Class R	Date of Birth: Nov. 23, 1859	Birth Place: [illegible]	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Army	Date Issued: May 27, 1919	Date Orig. Entry:
Class R	Date of Birth: 25 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Anaconda Copper Mining Co.	Date Issued: 6-25-52	Date Orig. Entry: Aug. 2, 1920
Class R	Date of Birth: 27 yrs	Birth Place: Delmar, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the foregoing abstract.

State Registrar: [illegible]

Date Filed: Aug. 29 [illegible]

*Class A documents are those made and dated before the Registrar issues a Birth Certificate.
Class B documents are those made and dated [illegible] but not

449-209-016-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52- 3257
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley, Ida

4. **FULL NAME OF CHILD** Emily Elizabeth Durfee

5. Date of Birth of Child (Month, day, year) 10-9-1893

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jabes Saulsberry Durfee
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace Savanah (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Elizabeth Johnson
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Slagtown (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Elmore } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 59 years, and that Dr. Alby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jabes Saulsberry Durfee
Signature

Montague, Calif.
P. O. Address

Subscribed and sworn to before me this 10th day of September, 19 52.

(SEAL)

Leo A. Johnson, Notary Public, residing at Glenns Ferry Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on September 18, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DEC 30 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-3257
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley, Idaho

4. **FULL NAME OF CHILD** Emily Elizabeth Durfee

5. Date of Birth of Child (Month, day, year) Oct. 9, 1893

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jabes Saulsberry Durfee
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Savanah, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Elizabeth Johnson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Slagtown, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Elmore } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 59 years, and that Dr. Alby (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jabes Saulsberry Durfee Signature

Montague, Calif. P. O. Address

Subscribed and sworn to before me this 10th day of September, 19 52

(SEAL) Geo. F. Robinson, Notary Public, residing at Glenns Ferry

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 18, 1952 by W. W. Benson, Registrar

Form DPH-51130

MAY 29 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

958-204-036-342

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De52- 3273
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Catherine L. Reynolds.
2. Date Of Birth (month) (day) (year): July 4th, 1893
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Malad City Oneida
b. City or Town of Birth: Malad City, Idaho

FATHER

6. Full Name of Father: David J. Reynolds
7. State or Country of Father's Birth: South Wales

MOTHER

8. Full Maiden Name of Mother: Sarah Catherine Lusk
9. State or Country of Mother's Birth: Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Catherine R. Taylor
11. Present Address of Registrant: 1457 So. Burnson Ave Los Angeles 19, Cal.

NOTARY (Seal)

Subscribed and sworn to before me on: September 17 1952
12. Signature of Notary: Sylvia Tenney Hawkins
13. Notary Commission expires: Jan. 10 1953

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Baptismal record	L. D. S. Church, Ella D. Jack, Custodian	8/12/52	Baptized on July 6, 1901
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	July 4, 1893 Malad, Idaho	Sarah C. Lusk	David J. Reynolds	
SUPPORTING RECORD 2. Class B	Census record of 1900	Roy V. Peel	5/16/52	June 1, 1900
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	6 yrs old Idaho	Sarah Reynolds	David J. Reynolds	
SUPPORTING RECORD 3. Class B	Type of Document: Letter from the Equitable Life Assur. Society re Policy # 10,513,621	By whom issued and signed: I. Robey,	Date Issued: 9/15/52	Date Orig. Entry: Policy dated Nov. 23, 1937
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	July 4, 1893 Malad City			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 22, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT

1. Name of Person Registered (First, Middle, Last)
2. Date of Birth (Month, Day, Year)
3. Sex
4. Color or Race
5. Place of Birth (City or Town, County)
6. Name of Father
7. State or Country of Father's Birth
8. Maiden Name of Mother
9. State or Country of Mother's Birth

AFFIDAVIT

I Hereby Certify Upon Oath That the Above Statement Are True to the Best of My Knowledge and Belief.

10. Signature of Affiant
11. Mailing Address of Affiant

NOTARY

Subscribed and Sworn to Before Me on

12. Signature of Notary
13. Notary Commission Expires

SUPPORTING RECORD

Type of Record

Date of Birth
Birth Place
Name of Father
Maiden Name of Mother
Date Filed
Signature of Registrar

Federal record

SEP 23 1952

Census record of 1900

Date of Birth
Birth Place
Name of Father
Maiden Name of Mother
Date Filed
Signature of Registrar

6 yrs old

Tacho

July 5, 1900

Type of Record
Date of Birth
Birth Place
Name of Father
Maiden Name of Mother
Date Filed
Signature of Registrar

Letter from [illegible] by whom issued and signed

Republic Idaho [illegible]

Mo. Delivery 10, 1912

Joley

3/19/52

Oct. 25, 1952

July 5, 1900 Malad Oity

CERTIFICATION

I hereby certify that no original birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing affidavit.

State Registrar

Date Filed

V. M. -eason

Oct. 24, 1952

365-27025-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Da52-3274
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dora Prudence Long
2. Date Of Birth (month) July (day) 17 (year) 1893
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County Idaho
b. City or Town of Birth: Warren

FATHER

6. Full Name of Father: James A. Long
7. State or Country of Father's Birth: Ireland

MOTHER

8. Full Maiden Name of Mother: Annie Eliza Schofield
9. State or Country of Mother's Birth: United States

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorris (Dora) Braun
11. Present Address of Registrant: 428 Soto St. Hayward Calif.

NOTARY (Seal)

Subscribed and sworn to before me on June 24 1952
12. Signature of Notary: R S Sommer
13. Notary Commission expires: 6/11 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Catholic Church, Malachy McNeill, Pastor	6/21/52	Baptized on Sept. 27, 1896

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 17, 1893	Warren, Idaho	Anna E. Schofield	Jacob (James) Long

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census of 1900	Roy V. Peel	5/14/52	June 1, 1900

Date of Birth	Birth Place	Full Name of Mother	Name of Father
6 yrs old	Idaho	Annie E. Long	

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 22, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 23 1952

335-204-004-459

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3299
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ADELLA A. CLEVELAND
2. Date of Birth: (month) Aug (day) 4 (year) 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: St Charles, Bear Lake
b. City or Town of Birth: St Charles, Idaho

FATHER

6. Full Name of Father: ELMER CHARLES CLEVELAND
7. State or Country of Father's Birth: DENVER, Colo.

MOTHER

8. Full Maiden Name of Mother: Susie Merrley. ~~Adella McGregor~~
9. State or Country of Mother's Birth: St Charles Idaho Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Adella McGregor
11. Present Address of Registrant: Evanston Wyo

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 29 1952
12. Signature of Notary: Thelma Lutz - Deputy County Clerk
13. Notary Commission expires: ~~1st Mon Jan~~ 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Susie Cleveland	9-23-52	
Class* B	Date of Birth / Birth Place: Aug. 4, 1893, St. Charles, Idaho	Full Name of Mother: Susie Cleveland	Name of Father: Elmer C. Cleveland	
SUPPORTING RECORD 2.	Certificate of Marriage	Court Commissioner County of Uinta, Wyoming		Nov. 10, 1917
Class B	Date of Birth / Birth Place: 24 yrs old	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Voting Record	Thelma Lutz, Deputy County Clerk, Unita Co., Wyoming		8-16-1938
Class B	Date of Birth / Birth Place: 45 yrs old, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	Oct. 1, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

666-28-023-759

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D52 3343
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELLA NORA WOODY			2. Date Of Birth (month) April (day) 28 (year) 1893	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gem	b. City or Town of Birth: Emmett, Idaho	
FATHER	6. Full Name of Father: WILLIAM FRANCIS WOODY			7. State or Country of Father's Birth: White Plains, Georgia	
MOTHER	8. Full Maiden Name of Mother: MOLLIE ANN PERKINS			9. State or Country of Mother's Birth: Clark Co. Missouri.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ella Nora Woody Jabbt	11. Present Address of Registrant: Parkdale Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 10 1952		12. Signature of Notary: Violet K. Cooper	13. Notary Commission expires: Nov. 2 1954	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit of Birth by Uncle		By whom issued and signed: Geo. W. Womack	Date Issued: 4/25/52	Date Orig. Entry:
	Date of Birth: April 28, 1893	Birth Place: Emmett, Idaho	Full Name of Mother: Mollie Ann Perkins	Name of Father: William Francis Woody	
SUPPORTING RECORD 2. Class B	Type of Document: Census record of 1900		By whom issued and signed: Roy V. Peel	Date Issued: 7/1/52	Date Orig. Entry: June 1, 1900
	Date of Birth: 7 yrs old	Birth Place: Idaho	Full Name of Mother: Mollie Woody	Name of Father: William F. Woody	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by Uncle		By whom issued and signed: James Phillips	Date Issued: 10/2/52	Date Orig. Entry:
	Date of Birth: April 29, 1893	Birth Place: Emmett, Idaho	Full Name of Mother: Millie Ann Perkins Woody	Name of Father: William Francis Woody	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Oct. 13, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF Idaho

1. Name of Person Born: Phyllis Ann Moody
2. Date of Birth: April 29, 1953
3. Color or Race: White
4. Sex: Female
5. Place of Birth (County): Ada
6. Name of Father: William Francis Moody
7. Maiden Name of Mother: Phyllis Ann Phillips
8. Date of Birth of Mother: 1932
9. Birthplace of Mother: Boise, Idaho
10. Name of Physician or Midwife: Dr. Wm. Francis Moody
11. Date Filed: Oct. 15, 1958

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for the registrant and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing statement.

State Registrar: J. F. Smith
Evidence received by: Birth Certificate
Date Filed: Oct. 15, 1958

145-02-001-434

...ites ...t of Commerce ...the Census

information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3447
Local Reg. No.
Reg. Dist. No.

...OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. DON'T REMEMBER
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 2 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street ... R.F.D. No. 2
(e) How long has ...MOTHER lived in Idaho? 26 yrs.

3. RESIDENCE OF ...FATHER (city, state) BOISE IDAHO

4. FULL NAME OF CHILD JOHN BRUCE JUNOR

5. Date of Birth of Child (Month, day, year) SEPT. 2, 1893

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ELPHINSTONE PATRICK JUNOR
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace INVERCARGILL (City or town) NEW ZEALAND (State or foreign country)
14. Exact Occupation OWNER
15. Industry or Business SHEEP BUSINESS

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY AGNES McMAHON
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace SAN JOSE (City or town) CALIFORNIA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother (a) At time of birth and including this child (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (Born dead / Born alive) at ... M. on the date ... and at the place stated above, and that personal particulars were furnished by ... (First name) ... (Last name), who is related to this child as ... (Mother, etc.)

25. Attendant's **OWN** signature ... M.D. / Midwife ... Address ... Date

AFFIDAVIT to be completed when the attendant does not sign Item 25.

State of ... } ss.
County of ... }

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 24 years of age, that I have known this person for 27 years, and that Dr. J. BOWERS (First name) (Last name) who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Agnes Junor Signature

1001 South Vista Ave. Boise (18) Ida. P. O. Address

Subscribed and sworn to before me this 29th day of August, 19 51

(SEAL) ... Notary Public, residing at 3121 Collegian Blvd

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on November 13, 1952 by W. W. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each copy requires an advance payment of fifty cents, money order or coin.

NOV 14 1952

DELAYED REGISTRATION LAW

1937 Session Laws, Chapter 139, Section

birth of a child born prior to the
1911 Session Laws, has not been reco
ort any birth which has occurred su
ort may be received and filed by the
Bureau of Vital Statistics for the p
Chapter 2, Title 38, Idaho Code Ann
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affidavits of the father or mother
or mother of the child is living or
or guardian, or some person having
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569/24-004-993

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3543
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clifford Loomis Ewing
2. Date of Birth (month) July (day) 24 (year) 1893
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Bear Lake; b. City or Town of Birth: Manson

FATHER

6. Full Name of Father: John W. Ewing
7. State or Country of Father's Birth: Arlington, Iowa

MOTHER

8. Full Maiden Name of Mother: Bertha Rice
9. State or Country of Mother's Birth: Racine, Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clifford Loomis Ewing
11. Present Address of Registrant: 262 So. 200 West, Cedar City, Utah

NOTARY (Seal)

Subscribed and sworn to before me on NOV 28 1952 19___

12. Signature of Notary: Francis W. Peterson
13. Notary Commission expires: April 15 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Bertha Rice Ewing	Oct. 24, 1952	
Class* B	Date of Birth / Birth Place: July 24, 1893, Manson, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Insurance Policy	New York Life Insurance Co.		Feb. 8, 1923
Class B	Date of Birth / Birth Place: July 24, 1893, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	School Census	Co. Supt of Schools Beaverhead County	Oct. 27, 1952	Sept. 1907
Class B	Date of Birth / Birth Place: July 24, 1893,	Full Name of Mother: Bertha Ewing	Name of Father: Clifford Ewing	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleeger	Dec. 8, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF UTAH

State File No. 32-[illegible]

Local Reg. No.

Sub. Dist. No.

REGISTERED NUMBER

1. Person whose birth is recorded

2. Color or Race (White, Negro, Indian, etc.)

3. Date of Birth (Month, Day, Year)
July 24, 1892

4. City or Town of Birth

5. Sex

6. Full Name at Birth

7. State or Country of Birth

FATHER

8. Full Name of Father

9. Color or Race

10. Age at Time of Birth of Child

11. Birthplace (State or Country)

MOTHER

12. Full Maiden Name of Mother

13. Color or Race

14. Age at Time of Birth of Child

15. Birthplace (State or Country)

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief

Subscribed and sworn to before me this ____ day of ____, 19__

Signature of Deponent

Signature of Notary

Residence

Post Office

My Commission Expires

APPLICANT — DO NOT WRITE IN BELOW THIS LINE

RECORDS

Type of Document

Date Issued

Date Orig. Entry

By whom Issued and Signed

Name of Father

Full Name of Mother

Maiden Name

RECORDS

Type of Document
Birth Certificate

Date Issued
Feb. 6, 1923

Date Orig. Entry

By whom Issued and Signed

Name of Father

Full Name of Mother

Maiden Name

Class B

Date of Birth Birth Place
July 24, 1892, Idaho

RECORDS

Type of Document
School Census

Date Issued

Date Orig. Entry
Sept. 1892

By whom Issued and Signed
Superintendent County

Name of Father

Full Name of Mother
Martha Owens

Maiden Name
Clifford Owens

Class B

Date of Birth Birth Place
July 24, 1892,

CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Henson

Evidence received as

Date Filed
Dec. 7, 1922

Class A records are those that were dated before the [illegible] January, 1905.
Class B records are those after the first 5 [illegible] to [illegible] years old.

331-120-006-659

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-34
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Barlow Clark
2. Date of Birth: (month) Oct. (day) 20 (year) 1893
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: David Clark
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Sarah Ferguson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Barlow Clark.
11. Present Address of Registrant: 627 Evans Street, Milton-Freewater, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on 1/9/53 19__

12. Signature of Notary: Geo P Sanderson
13. Notary Commission expires: 2-2 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible viewed by Geo. P. Sanderson Notary Public		Oct. 20, 1893
Class* A	**Date of Birth / Birth Place:** Oct. 20, 1893, Idaho Falls, Idaho	**Full Name of Mother**	**Name of Father**	
SUPPORTING RECORD 2.	Application for Insurance	New York Life Insurance Co.	Apr. 11, 1916	
Class B	Oct. 20, 1893, Idaho			
SUPPORTING RECORD 3.	Affidavit by sister	Lula Thomason	Jan. 9, 1953	
Class B	Oct. 20, 1893, Idaho Falls, Idaho			

QUALIFYING INFORMATION

Also, affidavit by Ilene Hiatt, sister, gives the date of birth as Oct. 20, 1893 in Idaho Falls, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F Felder	Jan. 13, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 17 1952

1. Name of child as it will appear		2. Date of Birth (month) (day) (year)	
3. Color or Race	4. Sex	5. Place of Birth (County)	(City)
White	M	Ada	Boise
6. Full name of Father		7. Residence	
David Clark		Boise, Idaho	
8. Full Maiden Name of Mother		9. Residence	
Myrtle Ferguson		Boise, Idaho	
10. Signature of Applicant		11. Present address of Applicant	
		627 Evans Street	
12. Signature of Notary		13. Notary Commission expires	

Registrar's Certificate No.	Type of Document	Date Issued	Date Filed
	Application for Insurance	Apr. 15, 1952	Apr. 20, 1952
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 29, 1923	Idaho Falls, Idaho	Myrtle Ferguson	David Clark

Registrar's Certificate No.	Type of Document	Date Issued	Date Filed
	Application for Insurance	New York Life Insurance Co.	Apr. 15, 1952
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 29, 1923	Idaho Falls, Idaho		

Registrar's Certificate No.	Type of Document	By whom issued and Signed	Date Issued
		Julia Thompson	Apr. 5, 1952
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 29, 1923	Idaho Falls, Idaho		

No. Registered in Liber ____, Register, Leaves this Date of Birth as Page 29, Book ____
Idaho Falls, Idaho

State of Idaho } ss.
County of Bingham }

I, W. W. Ferguson, Registrar of Vital Statistics in the County and State aforesaid, do hereby certify that the foregoing and annexed is a full, true and correct copy of the original certificate of birth of David Clark as the same appears of record in my office.

Witness my hand and official seal this 15th day of January, 1952.

W. W. Ferguson
Registrar of Vital Statistics
Bingham County, Idaho

Clerk's Records are those made and filed before the expiration of twenty (20) but are at least 2 years old.
Registrar's Records are those made after the expiration of twenty (20) but are at least 2 years old.

845.219.025-45

RECEIVED
JAN 14 1953
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-40
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County IDAHO (b) City POLLACK POSTOFFICE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County IDAHO
   (c) City POLLACK POSTOFFICE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. **RESIDENCE OF FATHER** (city, state) POLLACK POSTOFFICE IDAHO

4. **FULL NAME OF CHILD** JESSIE MAY HINKLEY

5. Date of Birth of Child (Month, day, year) MAY 19, 1893

6. Sex FEMALE

7. Twin or Triplet SINGLE If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ROBERT DWIGHT HINKLEY
11. Color or Race WHITE
12. Age at time of THIS birth 36 yrs.
13. Birthplace UNKNOWN (City or town) IOWA (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FRANCES LEONORA DENNY
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace UNKNOWN (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of IDAHO
County of IDAHO } ss.

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 72 years of age, that I have known this person for 59 years, and that FRANCES (First name) DENNY (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred A Hinkley Signature
Riggins Idaho P. O. Address

Subscribed and sworn to before me this 22 day of November 1952.

(SEAL) Walter Lekkicker, Notary Public, residing at Riggins Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 14, 1953 by W. W. Benson, Registrar

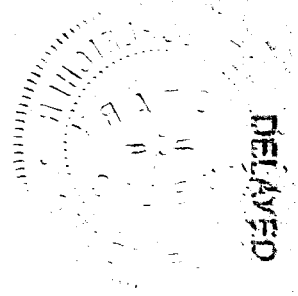
Form DPH-51130

JAN 15 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



534-18-003-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-84
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ray Spencer Eldridge
2. Date of Birth (month) (day) (year): August 18 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho-Bannock
b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: Howard Brigs Eldridge
7. State or Country of Father's Birth: Stevantown New York

MOTHER

8. Full Maiden Name of Mother: Amelia Kathern Harris
9. State or Country of Mother's Birth: Rich Co. Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: H. B. Eldridge
11. Present Address of Registrant: Leadville Colorado

NOTARY (Seal)

Subscribed and sworn to before me on Jan. 23rd 1953

12. Signature of Notary: Helen A Keeton
13. Notary Commission expires: My Commission expires September 10, 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Baptismal Record	St. Matthew's Episcopal Church Grand Junction, Colorado		May 16, 1901
Class* B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 18, 1893 Pocatello, Idaho	Milly Eldridge	Howard B. Eldridge	
SUPPORTING RECORD 2.	School Record	Mesa County Valley Schools Grand Junction, Colorado	1-7-52	Census 1901
Class B	8 yrs old			
SUPPORTING RECORD 3.	Affidavit by father	Howard Briggs Eldridge	1-9-53	
Class B	Aug. 18, 1893, Pocatello, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary E Reed	1-27-53

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 22

REGISTRATION

1. Registrant's full name at birth

Ray Spencer Fletcher

2. Date of birth (month) (day) (year)

August 16 1892

3. Color or race

White

4. Place of birth

Idaho

5. Sex

Male

6. County of birth

Bonneville

7. City or town of birth

Idaho Falls

FATHER

8. Full name of father

Forrest Silas Fletcher

9. Birthplace of father

Iowa

10. Age at last birthday

MOTHER

11. Full maiden name of mother

Mary A. Neeley Merrill

12. Birthplace of mother

Utah

13. Age at last birthday

AFFIDAVIT

I hereby swear or affirm that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on

14. Signature of registrant

15. Signature of Notary

16. Address of registrant

Idaho Falls, Idaho

17. Official character of witness

18. Notary Commission expires

Leadville Colorado

19. Address of witness

Commission Expires [illegible]

SUPPORTING RECORD 1.

Type of document

Baptismal Record

Date of birth Birth place

Feb 16, 1892, Pocatello, Idaho

Full name of mother

Mary A. Neeley Merrill

Full name of father

Forrest Silas Fletcher

By whom issued and signed

Rev. Wm. Spencer, Pastor

Date issued

Feb 16, 1892

Date Orig. Entry

SUPPORTING RECORD 2.

Type of document

Affidavit of Mother

Date or Birth Birth Place

Aug. 16, 1892, Pocatello, Ida.

Full Name of Mother

Mary A. Neeley Merrill

Full Name of Father

Forrest Silas Fletcher

By whom issued and signed

Date issued

1-27-22

Date Orig. Entry

1-27-22

ADDITIONAL INFORMATION

Record No. 3 Affidavit that no prior birth certificate has been found in the Division of Vital Statistics for this CERTIFICATION registration and that diligent search has been made. Affidavit and Baptismal Record substantiate the facts as set forth in the following statement.

Name Registrar

Date Filed

1-27-22

Clerk

Deputy Registrar

Date Filed

1-27-22

Please read carefully the instructions on the reverse side.

994-219038-569

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-90
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Burnice Zimmerman
2. Date of Birth (month) (day) (year): February 19, 1893
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Payette

FATHER

6. Full Name of Father: Elvin Zimmerman
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Clara May Ewing
9. State or Country of Mother's Birth: Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Burnice Zimmerman
11. Present Address of Registrant: 2022 S.E. Hemlock Portland Ore.

NOTARY (Seal)

Subscribed and sworn to before me on: January 27 1953
12. Signature of Notary: Anna Mae Landru
13. Notary Commission expires: April 26 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Record	Payette Public Schools	1-15-53	1907-08
Class* B	**Date of Birth** / **Birth Place**: 14 yrs old	**Full Name of Mother**	**Name of Father**	
SUPPORTING RECORD 2.	Census Record	Department of Commerce Bureau of the Census	1900 Census	
Class B	**Date of Birth** / **Birth Place**: Feb. 1893 7 yrs old / Idaho	**Full Name of Mother**: Clara M. Zimmerman	**Name of Father**: Elvin Zimmerman	
SUPPORTING RECORD 3.	Affidavit	By whom issued and signed: Shirley Mae Rasmussen Records of Teachers' Retirement	11-14-52	
Class B	**Date of Birth** / **Birth Place**: Feb. 19, 1893, Payette, Idaho	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Gleason	1-29-53

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 29

JUN 15 1954

STATE OF OREGON

268-109-029-256

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53 118
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City LELAND
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In own residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City LELAND
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Charley Stanley Boyer

5. Date of Birth of Child (Month, day, year) Sept 9 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Y

FATHER OF CHILD

10. **FULL NAME** Jacob Boyer
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Ohio (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May SEWARD
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Springdale Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry of Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Lewis } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 59 years, and that _____ (First name) _____ (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ida M Boyer Signature

Mohler, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of January, 19 53.

(SEAL)

_____, Notary Public, residing at Craigmont, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on February 6, 1953 by W. W. Benson, Registrar

FEB 6 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

365-131-006-466

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 147
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Midwife in attendance: Born at home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Iona Idaho.

4. FULL NAME OF CHILD Philip Alberto Longhurst

5. Date of Birth of Child (Month, day, year) 31 Dec 1893

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Heber Longhurst
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Poplar Middlesex England (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Eleanore Moore
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Smithfield Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for all his life years, and that x Mrs Nils Kelson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary E Longhurst Ritchie Signature

Shelley Idaho. P. O. Address

Subscribed and sworn to before me this 9th day of February, 1953

(SEAL) L. Edna Benson Notary Public, residing at Shelley Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on February 11, 1953 by W. W. Benson, Registrar.

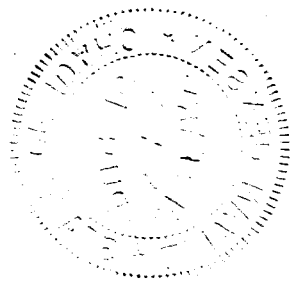
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



669-22-016-415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-180
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Horn			2. Date of Birth (month) June (day) 22 (year) 1893
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth: Idaho a. County: Cascia	b. City or Town of Birth: Sublett
FATHER	6. Full Name of Father: George Henry Horn			7. State or Country of Father's Birth: Crediton, Dover, England
MOTHER	8. Full Maiden Name of Mother: Mary Timpy Davidson			9. State or Country of Mother's Birth: Heber City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Horn		11. Present Address of Registrant: 201 Sunset Blvd. Modesto, California
NOTARY (Seal)	Subscribed and sworn to before me on: November 18, 1952	12. Signature of Notary: Carlos J. Badger		13. Notary Commission expires: July 10, 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Church Record	By whom issued and signed: L. D. S. Church		Date Issued:	Date Orig. Entry: Aug. 4, 1901
	Date of Birth: June 22, 1893	Birth Place: Sublett, Idaho	Full Name of Mother: Mary T. Davidson	Name of Father: George H. Horn	
SUPPORTING RECORD 2. Class B	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census		Date Issued:	Date Orig. Entry: 1900 Census
	Date of Birth: May 1893 7 yrs old	Birth Place: Idaho	Full Name of Mother: Mary T. Horn	Name of Father: George H. Horn	
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:		Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Freeman	Feb. 23, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 24 1953

STATE OF IDAHO

DELAYED CERTIFICATE OF BIRTH

1. Name at birth	2. Date of birth (month) (day) (year) June 22 1893
3. Color or race	4. Sex
5. Place of birth (a) County	(b) City or town of birth
6. Full name of father	
7. State or Country of Father's birth	
8. Full maiden name of mother	
9. State or Country of Mother's birth	
10. Signature of applicant	11. Present Address of Applicant
12. Date signed	13. Notary Commission expires

Subscribed and sworn to before me on

Notary Public

AFFIDAVIT — TO BE USED WHEN NO OTHER EVIDENCE IS AVAILABLE

I, [illegible], being first duly sworn, depose and say that I am [illegible] years of age and a resident of [illegible] County, Idaho; that I was present at the birth of [illegible] on the [illegible] day of [illegible], 1893, at [illegible], Idaho; that the facts stated above are true to the best of my knowledge and belief.

Subscribed and sworn to before me on [illegible]

Notary Public

Name of Witness	Address
Name of Witness	Address

Date Filed	Registrar
Feb. 24, 1953	

Evidence Presented by

Remarks

This delayed certificate has been issued in accordance with the affidavit of the person named above who has personal knowledge of the facts stated herein and the documentary evidence submitted. Which substantiates the facts as set forth in the affidavit.

Registrar

Date Issued

Feb. 24, 1953

957-130-001-231

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De53-194
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Stephen Alvin Regan
2. Date of Birth: (month) April (day) 30 (year) 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise City

FATHER

6. Full Name of Father: Morgan Alvin Regan
7. State or Country of Father's Birth: Wisconsin -

MOTHER

8. Full Maiden Name of Mother: Elizabeth (Lillie) Blackinger
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: S.A. Regan
11. Present Address of Registrant: P.O. Box 1676, Salt Lake City - Utah

NOTARY (Seal)

Subscribed and sworn to before me on 23rd Feb 1953

12. Signature of Notary: Elwood Wright
13. Notary Commission expires: _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Certificate of Baptism	St. John's Cathedral, Boise, Idaho		Sept. 17, 1893
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Apr. 30, 1893, Boise, Idaho	Elizabeth Blackinger	Morgan Alphin Regan	
SUPPORTING RECORD 2. Class B	Insurance Policy	Northwestern Mutual Life	Oct. 8, 1928	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Apr. 30, 1893, Boise, Idaho			
SUPPORTING RECORD 3. Class	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Feb. 25, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

595-215-003-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-257
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Amanda Nielsen
2. Date of Birth (month) Aug (day) 15 (year) 1893
3. Color or Race: White
4. Sex:
5. Place of Birth: a. County Bannock; b. City or Town of Birth: Cleveland

FATHER

6. Full Name of Father: James Peter Nielsen
7. State or Country of Father's Birth: Denmark Prestis

MOTHER

8. Full Maiden Name of Mother: Mary Larsen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Amanda N Seamons
11. Present Address of Registrant: 335 So Adams Blackfoot Ida

NOTARY (Seal)

Subscribed and sworn to before me on: March 9th 1953
12. Signature of Notary: Orson Packham
13. Notary Commission expires: January 30 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census record	Bureau of the Census	3/3/53	Census of June 1, 1900

Date of Birth	Birth Place	Full Name of Mother	Name of Father
6 yrs old August, 1893	Idaho	Mary Nielson	Baptised 8-15-01

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Blessing record	L. D. S. Church	2/3/53	Blessed on Sept. 10, 1893

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 15, 1893	Cleveland, Idaho	Mary	Peter Nielson

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Nielsen	3-16-53

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

DELAYED CERTIFICATE OF BIRTH

MAR 17 1950

1. Name of child (First, middle, last)	2. Date of birth (month) (day) (year)
3. Sex	4. Place of birth (city or town) (county)
5. Name of father	6. Birthplace of father (State or country)
7. Maiden name of mother	8. Birthplace of mother (State or country)
9. Name and location of physician or midwife in attendance at birth	10. Date certificate filed

I hereby certify that I attended the birth of the child named above, who was born alive at the place and time and on the date stated above.

(Signature) (Title) (Address)

11. Informant

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

(Signature of informant)

(Address of informant)

12. Date received by local registrar

13. Registrar's number

14. Signature of local registrar

15. Date certificate was filed in this office

16. Remarks

Subscribed and sworn to before me on

(Signature of official administering oath)

(Title of official)

(Date)

Delayed Certificate of Birth

Page 2

1. Name of child (First, middle, last)	2. Date of birth (month) (day) (year)
3. Sex	4. Place of birth (city or town) (county)
5. Name of father	6. Birthplace of father (State or country)
7. Maiden name of mother	8. Birthplace of mother (State or country)
9. Name and location of physician or midwife in attendance at birth	10. Date certificate filed

I hereby certify that I attended the birth of the child named above, who was born alive at the place and time and on the date stated above.

(Signature) (Title) (Address)

11. Informant

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

(Signature of informant)

(Address of informant)

12. Date received by local registrar

13. Registrar's number

14. Signature of local registrar

15. Date certificate was filed in this office

16. Remarks

Subscribed and sworn to before me on

(Signature of official administering oath)

(Title of official)

(Date)

689-217-029-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-304
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Melvina Whitley		2. Date of Birth (month) January (day) 17 (year) 1893	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow, Idaho
FATHER	6. Full Name of Father: Abraham Hayes Whitley		7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Abbie Stewart		9. State or Country of Mother's Birth: Milton, Clinton County, Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Melvina Whitley / Mary W. Leland	11. Present Address of Registrant: Okanogan, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: December 8, 1952	12. Signature of Notary: H A Davis	13. Notary Commission expires: October 1, 1953 19	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Application for Social Security	By whom issued and signed: U.S. Social Security	Date Issued: Feb. 6, 1940	Date Orig. Entry:	
	Date of Birth: Jan. 17, 1893	Birth Place: Moscow, Idaho	Full Name of Mother: Abbie Stewart	Name of Father: Abraham Whitley	
SUPPORTING RECORD 2. Class B	Type of Document: No. 1238 Birth Certificate of son/	By whom issued and signed: Washington State Board of Health Bureau of Vital Statistics	Date Issued:	Date Orig. Entry: Child born on July 27, 1913	
	Date of Birth: 20 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by sister	By whom issued and signed: Alta May Axtell	Date Issued: 3-11-53	Date Orig. Entry:	
	Date of Birth: Jan. 17, 1893,	Birth Place: Moscow, Idaho	Full Name of Mother: Abbie Stewart	Name of Father: Abraham Hayes Whitley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		3-26-53

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 26 1953

255-21-2-029-962

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53 326
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No. ---
   (d) Name of Hospital or Maternity Home: ---
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ---- days. IN **THIS** county 6 years 9 month 23 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Farm four miles from Kendrick
   (d) Street Address or R.F.D. No. ---
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.
   (f) Mother's mailing address Kendrick, Idaho

3. **RESIDENCE of FATHER** (city, state) Kendrick Idaho

4. **FULL NAME OF CHILD** Pearl Blanch Benscotter

5. Date of Birth (Month, day, year) Feb. 12, 1893

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alexander Wallace Benscotter
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Susquehanna (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Fredrika Robritsch
17. Color or Race White
18. Age at time of THIS birth 35 plus yrs.
19. Birthplace Ste Agathe (City or town) Quebec (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ___ (born alive, stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by ___ (First name) (Last name), who is related to this child as ___ (Mother, etc.)

26. (a) March 31, 1953 (Date received) (b) W. W. Benson (Registrar's signature)

27. Given name added on ___ by ___ (Registrar's signature)

25. Attendant's **OWN** signature ___ M.D. (D.O., Midwife, etc.)
and address ___ Date ___

State of Washington
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louise Fredrika Benscotter, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Pearl B. Hane (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Spencer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Louise Fredrika Benscotter Signature

Tekoa Washington P. O. Address

Subscribed and sworn to before me on this 24 day of June, 1941

(SEAL) [signature] Notary Public, residing at Tekoa, Wash.

U 15-4

APR 1 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

818-26-010-417

[redacted] of Public Health
Vital Statistics
[redacted]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 367
Local Reg. No.
Reg. Dist. No.

(Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edmond Lunsford Hayden.		2. Date Of Birth: June 26 1893
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Eagle Rock, Idaho. ~~Bonneville~~
			b. City or Town of Birth: Eagle Rock, Idaho
FATHER	6. Full Name of Father: John W. Hayden		7. State or Country of Father's Birth: Knox County, Missouri
MOTHER	8. Full Maiden Name of Mother: Catherine Maghee		9. State or Country of Mother's Birth: Knox County, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edmond Lunsford Hayden	11. Present Address of Registrant: Stevensville, Mont.
NOTARY (Seal)	Subscribed and sworn to before me on: Apr. 9, 1953	12. Signature of Notary: W. W. Benson	13. Notary Commission expires: [illegible] 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible record of births	By whom issued and signed:	Date Issued:	Date Orig. Entry: June 26, 1893
Class* A	Date of Birth: June 26, 1893	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Affidavit by Clerk of District Court, Ravalli Co., Mont	By whom issued and signed: Harriette Snow	Date Issued: 10/29/52	Date Orig. Entry: Marriage License issued 6/22/14
Class B	Date of Birth: June 26, 1893	Birth Place: Eagle Rock, Idaho	Full Name of Mother: Catherine Maghee	Name of Father: John W. Hayden
SUPPORTING RECORD 3.	Type of Document: Affidavit by Sunter	By whom issued and signed: Rosie Lee Froelick	Date Issued: 10/31/52	Date Orig. Entry:
Class B	Date of Birth: June 26, 1893	Birth Place: Eagle Rock, Idaho	Full Name of Mother:	Name of Father: John W. Hayden
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: April 14, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1853 327

Local Reg. No.

Reg. Dist. No.

1. Registrant's Full Name at Birth

(First)	(Middle)	(Last)

2. Date of Birth (month) (day) (year)

3. Color or Race | 4. Sex | 5. Place of Birth (County)

6. Town or City of Birth

PARENTS

7. Full Name of Father

8. State or Country of Father's Birth

MOTHER

9. Full Maiden Name of Mother

10. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the statements are true to the best of my knowledge and belief.

11. Signature of Registrant

12. Present Address of Registrant

Subscribed and sworn to before me on

13. Signature of Notary

14. Notary Commission expires

19

AFFIDAVIT — TO BE SIGNED BELOW THIS LINE

Supporting Record

Type of Document

By whom issued and signed

Date issued

Date Filed

Date of Birth

Birth Place

Full Name of Mother

Full Name of Father

Supporting Record

Type of Document

By whom issued and signed

Date issued

Date Filed

Date of Birth

Birth Place

Full Name of Mother

Full Name of Father

SPECIFICATION

Registrant's

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	April 14, 1953

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 1 year old.

449-206-022-294

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-409
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: REBECCA MURPHY			2. Date Of Birth (month) November (day) 6 (year) 1893
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Idaho — Fremont County	b. City or Town of Birth: Chapin, Idaho
FATHER	6. Full Name of Father: Gideon Mann Murphy			7. State or Country of Father's Birth: Atlanta, Georgia
MOTHER	8. Full Maiden Name of Mother: Alice Simmons			9. State or Country of Mother's Birth: Chicken Creek, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rebecca Waymire		11. Present Address of Registrant: 124 Maple—Nampa, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 22 19 53	12. Signature of Notary: Mabel Hedges		13. Notary Commission expires: May 7 19 53

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Gideon Mann Murphy	Date Issued: Nov of 1893	Date Orig. Entry: Nov. of 1893
Class* A	Date of Birth: Nov. 6, 1893 — Birth Place: Chapin, Idaho	Full Name of Mother: Alice Simmons	Name of Father: Gideon Mann Murphy	
SUPPORTING RECORD 2.	Type of Document: Affidavit of Brother	By whom issued and signed: Thomas E. Murphy	Date Issued: 4/22/53	Date Orig. Entry: 4/22/53
Class B	Date of Birth: Nov. 6, 1893 — Birth Place: Chapin, Idaho	Full Name of Mother: Alice Simmons	Name of Father: Gideon Mann Murphy	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: — Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

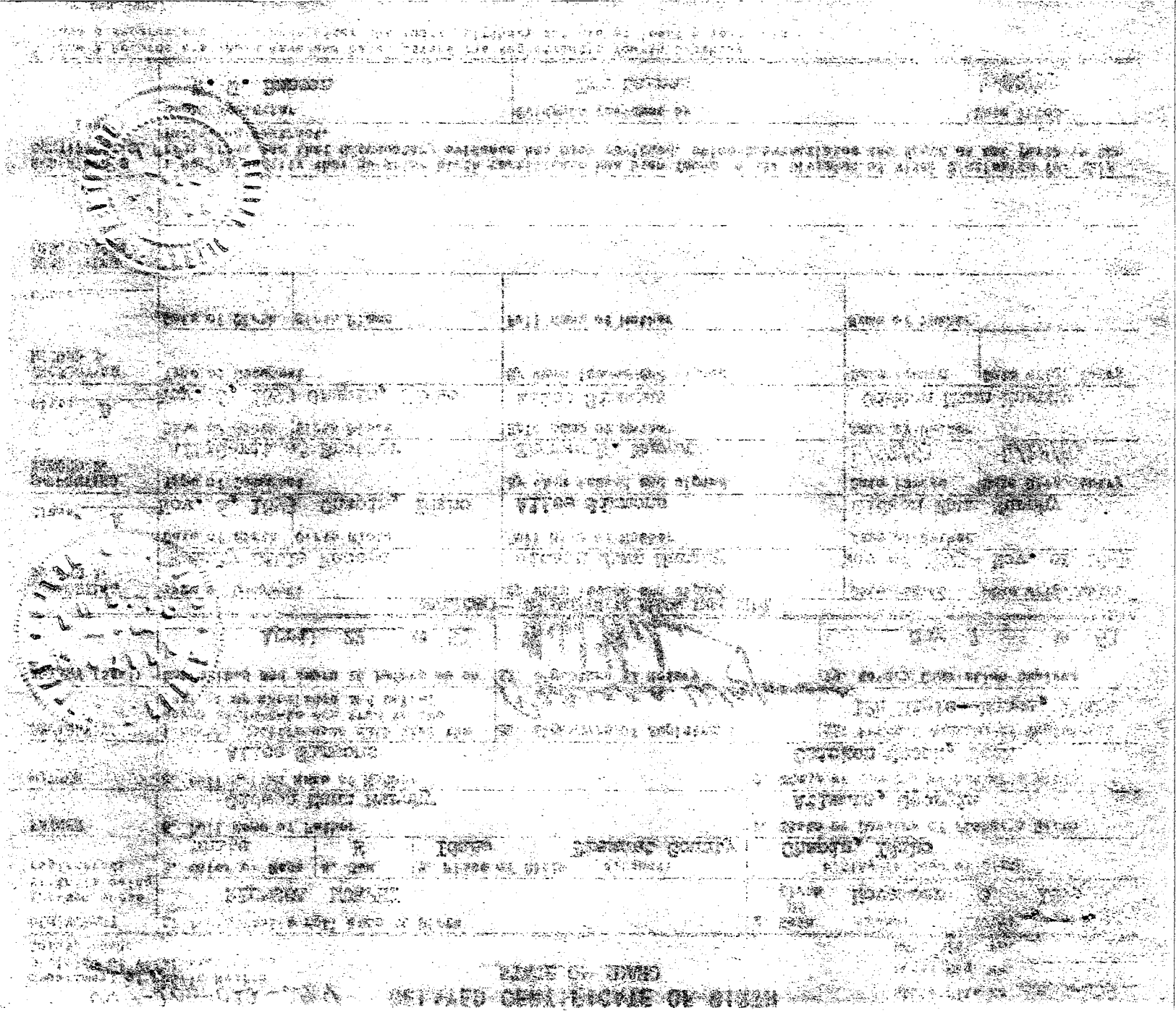
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Beason	Eva Karnes	4/22/53

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



State of Idaho --

County of Ada--

TO WHOM THIS MAY CONCERN:

I, Thomas E. Murphy, State that I am 70 years of age and am the older brother of Rebecca Murphy who was born on November 6, 1893 at Chapin, Idaho. She is the daughter of Alice Simmons and Gideon Mann Murphy.

Thomas E. Murphy

Thomas E. Murphy

Subscribed and Sworn to before me on this 22nd day of April, Nineteen Hundred and Fifty-Three.

Notary Public

My Commission Expires on May 7, 1953.

APR 22 1953

[redacted]

485704 1007-294

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-433
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JAMES FRANKLIN MYERS		2. Date of Birth (month) May (day) 4 (year) 1888	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho — Blaine County	b. City or Town of Birth: Hailey, Idaho
FATHER	6. Full Name of Father: James William Myers		7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Flora Adell Simons		9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James F. Myers	11. Present Address of Registrant: 2006 North 10th--Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 27 19 53	12. Signature of Notary: Mabel Fielder	13. Notary Commission expires: May 7 19 53	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Family Bible Record	By whom issued and signed: Flora Myers-Mother	Date Issued: 1888	Date Orig. Entry: May of 1888
	Date of Birth: May 4, 1888 / Birth Place: Hailey, Idaho	Full Name of Mother: Flora Adell Simons	Name of Father: James William Myers	
SUPPORTING RECORD 2. Class B	Type of Document: Birth Certificate of Daughter	By whom issued and signed: Bureau of Vital Statistics State of Idaho #113005	Date Issued: 6/19/23	Date Orig. Entry: 6/16/23
	Date of Birth: 35 yrs old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Eva Karmes	Apr. 27, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AMENDED CERTIFICATE OF BIRTH
STATE OF IDAHO

APR 28 1988

1. NAME	JAMES PHAKIT TH MYERS
2. Date of Birth	May 4, 1938
3. Place of Birth	Blaine County
4. City or Town of Birth	Hailey, Idaho
5. Sex	Male
6. Full name of Father	James William Myers
7. State or Country of Father's Birth	Indiana
8. Full Maiden Name of Mother	Flora Adell Simms
9. State or Country of Mother's Birth	Indiana
10. I hereby declare upon oath that the statements are true to the best of my knowledge and belief.	
11. Signature of Applicant	
12. Present Address of Applicant	
13. Subscribed and sworn to before me on	
14. Signature of Notary	
15. Notary Commission expires	

RECORD 1 — Type of Document: Family Bible Record
Date of Birth: May 4, 1938 — Place of Birth: Hailey, Idaho

RECORD 2 — Type of Document: Birth Certificate
Date of Birth: May 4, 1938 — Place of Birth: 25 yrs old, Idaho

RECORD 3 — Type of Document:
Date of Birth: Place of Birth:

Date of Birth	May 4, 1938
Place of Birth	Hailey, Idaho
Name of Father	James William Myers
Name of Mother	Flora Adell Simms
Date of Affidavit	Apr. 27, 1953
Evidence received by	Vera Kenyon
Date filed	
Name of Registrar	W. C. Benson

(Date) A Records are those such as are the original birth certificate, etc.
(Date) B Records are those such as are the original birth certificate, etc.

296-11-029-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-440
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harvey C. Browne			2. Date of Birth: August 19 1893	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow, Idaho	
FATHER	6. Full Name of Father: John Lewis Browne			7. State or Country of Father's Birth: New York	
MOTHER	8. Full Maiden Name of Mother: Sydnie S. Steele			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Harvey C. Browne	11. Present Address of Registrant: W.2608 Gardner Ave. Spokane, Wn.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 21 1953		12. Signature of Notary: [illegible]	13. Notary Commission expires: May 30 1954	

APPLICANT— DO NOT WRITE BELOW THIS LINE

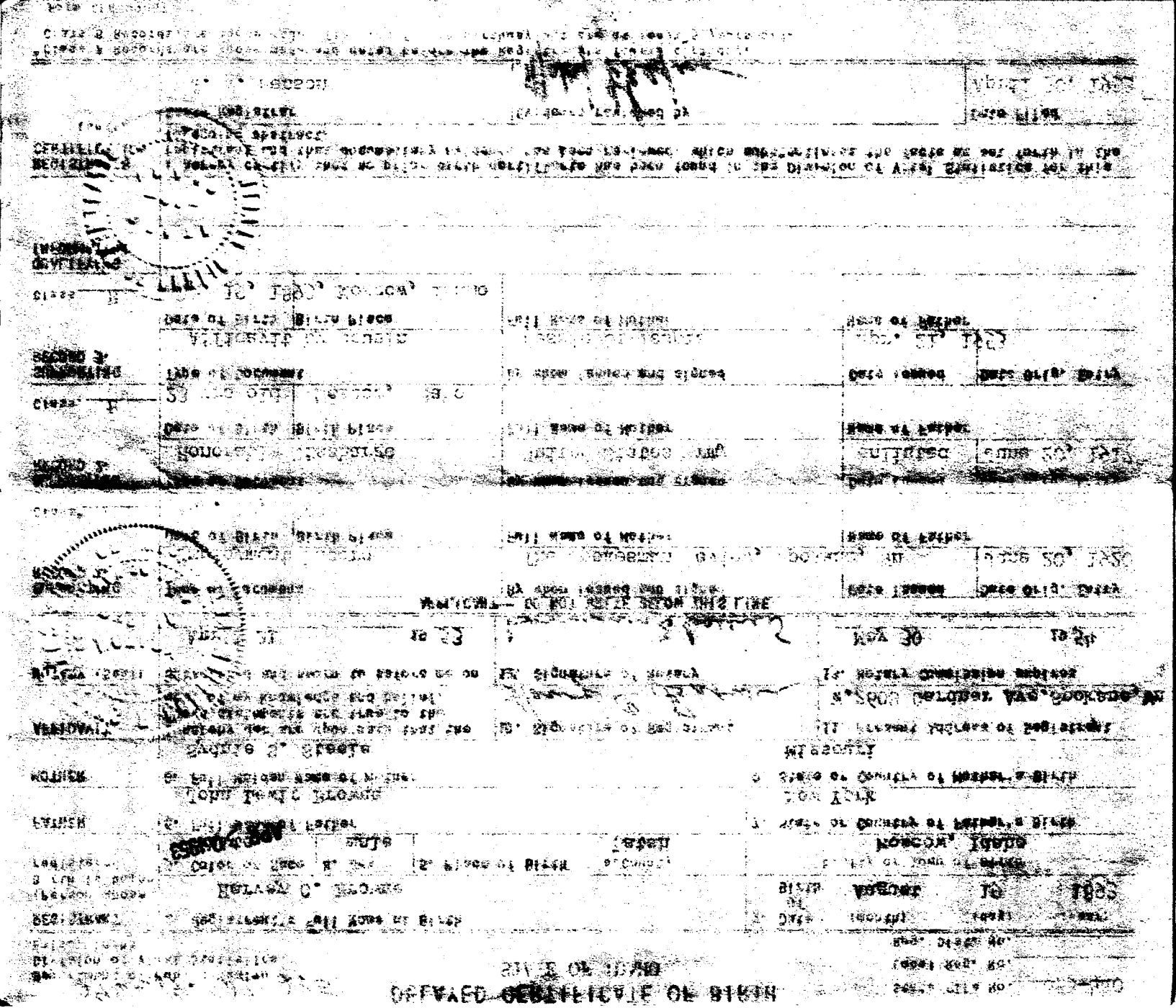
SUPPORTING RECORD 1.	Type of Document: Employment Record	By whom issued and signed: The Spokesman Review, Spokane, Wn	Date Issued	Date Orig. Entry: June 20, 1920
Class* B	Date of Birth: Aug. 19, 1893	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: United States Army	Date Issued: enlisted	Date Orig. Entry: June 20, 1917
Class B	Date of Birth: 23 yrs old	Birth Place: Moscow, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin	By whom issued and signed: Bessie Gillespie	Date Issued: Apr. 21, 1953	Date Orig. Entry
Class B	Date of Birth: Aug. 19, 1893, Moscow, Idaho	Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [signature]	Date Filed: April 30, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH



693-202-037-495

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 53-452
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Mary Williams		2. Date Of Birth (month) (day) (year): June 2 1893
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oywhee County; b. City or Town of Birth: DeLamar, Idaho
FATHER	6. Full Name of Father: Thomas Brown Williams		7. State or Country of Father's Birth: Newlyndast Cornwell, England
MOTHER	8. Full Maiden Name of Mother: Julia Ann Drew		9. State or Country of Mother's Birth: Grass Valley, California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Ethel Mary O'Neill	11. Present Address of Registrant: 25 Bartlett St. San Fran.
NOTARY (Seal)	Subscribed and sworn to before me on: April 27th 19 53	12. Signature of Notary: Lester E Gesell	13. Notary Commission expires: Calif. Oct 1 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	St. George's Church	Baptized	May 6, 1896
Class* A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 2, 1893, DeLamar, Idaho	Julia Williams	Thomas B. Williams	
SUPPORTING RECORD 2.	Affidavit by brother	Thomas J. Williams	Apr. 16, 1953	
Class B	June 2, 1893, DeLamar, Idaho	Julia Ann Drew	Thomas Brown Williams	
SUPPORTING RECORD 3.	Affidavit by Aunt	Sarah J. Drew	Apr. 16, 1953	
Class B	June 2, 1893, DeLamar, Idaho	Julia Ann Drew	Thomas Brown Williams	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fleeger	Date Filed: May 4, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 5

1. Registrant's Full Name at Birth		2. Date of Birth (Month) (Day) (Year)
3. City or Town of Birth	4. County of Birth	5. Sex
6. Full Name of Father	7. Father's Color or Race	8. Father's Birthplace (State or Country)
9. Full Maiden Name of Mother	10. Mother's Color or Race	11. Mother's Birthplace (State or Country)
12. Number of Previous Live Births	13. Number of Previous Still Births	14. Date Filed by Registrar

AFFIDAVIT

I certify that the above facts are true to the best of my knowledge and belief.

(Signature of Applicant)

(Address of Applicant)

NOTARY

Subscribed and sworn to before me on

(Date)

(Signature of Notary)

(Title and Address)

My Commission Expires

Type of Document	Date of Issuance	By Whom Issued	Relationship to Registrant

SUPPORTING RECORD 1

Type of Document	Date of Issuance	By Whom Issued and Signed	Relationship to Registrant

SUPPORTING RECORD 2

Type of Document	Date of Issuance	By Whom Issued and Signed	Relationship to Registrant

CERTIFICATION

I hereby certify that the prior birth certificate has been lost or destroyed and that the following information has been obtained from the records on file in the Bureau of Vital Statistics, which substantiates the facts as set forth in the foregoing affidavit.

Date Registered

Registrar

Employee Reviewed

212223-010-595

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 53-540
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ellen Martha Baker
2. Date of Birth (month) December (day) 23rd (year) 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: Charles Fredrick Baker
7. State or Country of Father's Birth: Cincinnati, Ohio

MOTHER

8. Full Maiden Name of Mother: Louise Eiman
9. State or Country of Mother's Birth: St. Petersburg, Russia (Swiss citizen)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ellen M. Erickson
11. Present Address of Registrant: 934 E. Hayden---Pocatello, Ida

NOTARY (Seal)

Subscribed and sworn to before me on: May 5 1953
12. Signature of Notary: [signature]
13. Notary Commission expires: Aug 1 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Uncle	John A. Eiman	Apr. 23, 1953	
Class* B	Date of Birth / Birth Place: Dec. 23, 1893, Idaho Falls, Idaho	Full Name of Mother: Louise Eiman Baker	Name of Father: Charles Fredrick Baker	
SUPPORTING RECORD 2.	Affidavit by brother	Ezia A. Baker		
Class B	Dec. 23, 1893, Idaho Falls, Idaho	Louise Eiman Baker	Charles Fredrick Baker	
SUPPORTING RECORD 3.	Insurance Policy	Metropolitan Life Insurance Co.		Oct. 28, 1918
Class B	Dec. 23, 1893, Idaho Falls, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	June 1, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 3

1. Name of child as it will appear on birth record			2. Date of birth (Month, day, year)
3. Color or Race	4. Sex	5. Place of birth (County)	6. Twin, triplet or birth order (Specify which)
7. Name of father			8. State or country of birth
9. Full maiden name of mother			10. State or country of birth
11. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		12. Signature of declarant	13. Present address of declarant
NOTARY: Subscribed and sworn to before me on		14. Signature of Notary	15. Notary Commission expires

SUPPORTING RECORD 1.	Type of Document	By whom issued and where	Date issued	Date file. Notary
	Late of birth Birth place	Full name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document	By whom issued and where	Date issued	Date file. Notary
	Late of birth Birth place	Full name of Mother	Name of Father	

Class ___

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this child and that documentary evidence has been received which substantiates the facts as set forth in the foregoing affidavit.

Date Registrar	Evidence received by	Date Filed
		June 1, 1953

Class A Records are those duly and fully filed in the Registrar's Office within 1 year after birth.
Class B Records are those duly filed in the Registrar's Office but not within 1 year after birth.

315-12-029-439

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-613
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Julius Edmon Lancaster			2. Date of Birth (month) Jan (day) 21 (year) 1893
	3. Color or Race: W	4. Sex: M.	5. Place of Birth: a. County: LaTah	b. City or Town of Birth: Prince Town Idaho
FATHER	6. Full Name of Father: Richard A Lancaster			7. State or Country of Father's Birth: South Sterling Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Ida Augusta McIntire			9. State or Country of Mother's Birth: Canton Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Julius Edmon Lancaster		11. Present Address of Registrant: St Maries Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 12 1953	12. Signature of Notary: Ray A Bowen		19[illegible] Notary Public in the State of residing at St. Maries, Idaho. My Commission expires Feb. 24, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Selective Service Record	By whom issued and signed: State Headquarters, Boise, Idaho-registered	Date Issued	Date Orig. Entry: 4-27-42
Class* B	Date of Birth / Birth Place: Jan. 21, 1893, Princeton, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Employment Record	By whom issued and signed: C. M. St. P & P R. R. Co.	Date Issued	Date Orig. Entry: Apr. 24, 1944
Class B	Date of Birth / Birth Place: Jan. 21, 1893, Princeton, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Violet Becker	Date Issued: June 8, 1953	Date Orig. Entry
Class B	Date of Birth / Birth Place: Jan. 21, 1893, Princeton, Idaho	Full Name of Mother: Ida Augusta McIntire	Name of Father: Richard Lancaster	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fiedler	Date Filed: June 15, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 16 1953

Richard A. Lapp

Jim Lapp

Pearl Lapp

Birth Date 21 1923

Primary Address

Primary Occupation

Spouse's Name

Spouse's Occupation

Children's Names

Parents' Names

Parents' Addresses

Parents' Occupations

Signature of Registrant

Signature of Notary

Date Issued

Date Recd. Entry

Name of Father

Full Name of Mother

Maiden Name

Date of Birth

Place of Birth

Type of Document

Issued

Recorded

714-22-038-493

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 755
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charlotte Mildred Paddack
2. Date of Birth: (month) July (day) 21 (year) 1893
3. Color or Race: White
4. Sex: Fem.
5. Place of Birth: a. County of Payette, Idaho-(Payette) b. City or Town of Birth: Payette, Idao

FATHER

6. Full Name of Father: Joseph Henry Paddack
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Abbie Huntington Mills
9. State or Country of Mother's Birth: Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charlotte M. Paddack
11. Present Address of Registrant: 2017 Arthur, Lakewood, Ohio

NOTARY (Seal)

Subscribed and sworn to before me on July 11, 1953

12. Signature of Notary: A B Rayer A B RayER
13. Notary Commission expires: 1/13 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	School record	Elyria High School Geo. B. Miraben, Principal	7/29/53	Graduated in June 1912
	Date of Birth / Birth Place: Freshman year 15 yrs old	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class B	Application for insurance	Metropolitan Life Ins. Co.		Nov. 7, 1931
	July 21, 1893 Payette, Idaho	Abbie H. Paddack		
SUPPORTING RECORD 3. Class B	Affidavit by Mother	Abbie H. Paddack	7/21/51	
	July 21, 1893 Payette, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Aug. 7, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

1. Child's name	2. Sex	3. Date of birth (month, day, year)	4. Place of birth (city, county, state)	
5. Full name of father		6. Birthplace of father		
7. Maiden name of mother		8. Birthplace of mother		
9. Name and address of physician or attendant		10. Signature of physician or attendant		
11. Name and address of informant		12. Signature of informant		
13. Name and address of person to whom certificate should be mailed				

STATE OF IDAHO

1. Child's name	2. Sex	3. Date of birth (month, day, year)	4. Place of birth (city, county, state)	
5. Full name of father		6. Birthplace of father		
7. Maiden name of mother		8. Birthplace of mother		
9. Name and address of physician or attendant		10. Signature of physician or attendant		
11. Name and address of informant		12. Signature of informant		
13. Name and address of person to whom certificate should be mailed				

STATE OF IDAHO

1. Child's name	2. Sex	3. Date of birth (month, day, year)	4. Place of birth (city, county, state)	
5. Full name of father		6. Birthplace of father		
7. Maiden name of mother		8. Birthplace of mother		
9. Name and address of physician or attendant		10. Signature of physician or attendant		
11. Name and address of informant		12. Signature of informant		
13. Name and address of person to whom certificate should be mailed				

279-12-029-251

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 988
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William Ray Spitler
2. Date of Birth (month) (day) (year): December 24 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Latah
b. City or Town of Birth: Cornwall near Moscow

FATHER

6. Full Name of Father: Amos Spitler
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Louisa Sears
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William Ray Spitler
11. Present Address of Registrant: 1521 Yolo St., Corning Calif

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 16 1953
12. Signature of Notary: [illegible]
13. Notary Commission expires: Aug 30 1956

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Cornwall Precinct Census Record of 1900	Bureau of the Census	4/29/53	Census of June 1, 1900
Class* B	Date of Birth: 6 yrs old Dec. 1893 / Birth Place: Idaho	Full Name of Mother: Louisa Spitler		Name of Father: Amos Spitler
SUPPORTING RECORD 2.	Type of Document: Application for Insurance	By whom issued and signed: Occidental Life Insurance Co.	Date Issued: Dec. 2, 1935	Date Orig. Entry
Class B	Date of Birth: Dec. 24, 1893 / Birth Place: Idaho	Full Name of Mother		Name of Father
SUPPORTING RECORD 3.	Type of Document: Bible record of family births	By whom issued and signed	Date Issued	Date Orig. Entry: Dec. 24, 1895
Class A	Date of Birth: Dec. 24, 1893 / Birth Place: Latah County, Ida	Full Name of Mother: Louisa Sears Spitler		Name of Father: Amos Spitler

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	Edha Hamilton	Oct. 26, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DUPLICATE OF BIRTH
STATE OF IDAHO

OCT 27 1958

Application for Insurance
Date of birth 3/1/ place

Dec. 24, 1958 Idaho

Date of Document

Date of birth 3/1/ place

Dec. 24, 1958 Idaho

Date of Document

Application for Insurance
Date of birth 3/1/ place

Dec. 24, 1958 Idaho

Date of Document

Date of birth 3/1/ place

Dec. 24, 1958 Idaho

Date of Document

458-213-037-636

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 1029
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frieda Margaretha Meyer
2. Date Of Birth (month) June (day) 13 (year) 1893
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County: Genesee, Ida Latah Co
b. City or Town of Birth: Genesee Idaho

FATHER

6. Full Name of Father: John Meyer
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Meta Flomer
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frieda M Faber
11. Present Address of Registrant: 815 Pleasant - Walla Walla Wash.

NOTARY (Seal)

Subscribed and sworn to before me on Nov. 30th 1950

12. Signature of Notary: Margaret N. Rader
13. Notary Commission expires Apr. 30 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Christening Record	Lutheran Church		Christened on July 16, 1893

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 13, 1893	Latah County, Idaho	Meta Flomer	John Meyer

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church record of Comfirmation	Lutheran Church,		April 15, 1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 13, 1893	Genesee, Latah Co.		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Nov. 12, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 12 1953

235-220036-154

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
DEC 2 - 1953
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-1090
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Cecelia Steffensen			2. Date of Birth: (month) Feb. (day) 20 (year) 1893	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County: Oneida	b. City or Town of Birth: Mink Creek, Idaho	
FATHER	6. Full Name of Father: Jens Steffensen			7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Mary Andersen			9. State or Country of Mother's Birth: Denmark	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edna Cecelia Steffensen	11. Present Address of Registrant: 1448 N. Garfield Pocatello, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: November 30, 1953		12. Signature of Notary: L L Stovall	13. Notary Commission expires: 3-14- 1955	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: Apr. 6, 1893
Class* A	Date of Birth: Feb. 20, 1893	Birth Place: Mink Creek, Idaho	Full Name of Mother: Mary Andersen	Name of Father: Jens Steffensen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister		By whom issued and signed: Minnie S. Hofhine	Date Issued: Nov. 30, 1953	Date Orig. Entry:
Class B	Date of Birth: Feb. 20, 1893	Birth Place: Mink Creek, Idaho	Full Name of Mother: Mary Andersen	Name of Father: Jens Steffensen	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Steffensen	Dec. 2, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 8 1980

RECEIVED

DEC 8 1980

STATE OF HAWAII

DEPARTMENT OF HEALTH

DELAYED CERTIFICATE OF BIRTH

219-129-022-962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De53-1097
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lester Albert Barry			2. Date Of Birth (month) November (day) 29 (year) 1893
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Teton, Idaho a. County: Fremont	b. City or Town of Birth: Teton, Idaho
FATHER	6. Full Name of Father: Albert Thomas Barry	at home		7. State or Country of Father's Birth: Yale, B. C.
MOTHER	8. Full Maiden Name of Mother: Orillia Robbins			9. State or Country of Mother's Birth: Malad Valley, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lester A. Barry		11. Present Address of Registrant: Box 335 Shoshone, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 3 1953	12. Signature of Notary: Mabel Helgen		13. Notary Commission expires: May 7 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Albert Thomas Barry - father	Date Issued: Nov. 29, 1893	Date Orig. Entry	
Class* A	Date of Birth: Nov. 29, 1893	Birth Place: Teton City, Idaho	Full Name of Mother: Orillia Robbins	Name of Father: Albert Thomas Barry	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge - W.W.I	By whom issued and signed: Major Dennis J. Bowe	Date Issued: Jan. 31, 1919	Date Orig. Entry	
Class B	Date of Birth: 24 7/12 years of age	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry	
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Opal Peterson	Date Filed: Dec. 3, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC. 3 1959

REGISTRAR'S

FATHER

MOTHER

AFFIDAVIT

SUPPORTING RECORDS

Type of Document

Date of Birth Birth Place

Maiden Name of Mother

Date Issued

Name of Author

Class

SUPPORTING RECORDS

Type of Document

Date of Birth Birth Place

Maiden Name of Mother

Date Issued

Name of Author

Class

SUPPORTING RECORDS

Type of Document

Date of Birth Birth Place

Maiden Name of Mother

Date Issued

Name of Author

Class

DUPLICATE INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that subsequently evidence has been received, which warrants/alters the facts as set forth in the foregoing affidavit.

State Registrar

Agency reviewed by

Date Filed

DEC 3 1959

238-22-035-214

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JAN 5 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-6
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DORA EMMA SCHARBACH		2. Date Of Birth (month) (day) (year): SEPT. 21 1893
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: NEZ PERCE b. City or Town of Birth: CRAIG-MOUNTAINS IDAHO
FATHER	6. Full Name of Father: PAUL SCHARBACH		7. State or Country of Father's Birth: WISCONSIN USA.
MOTHER	8. Full Maiden Name of Mother: ANNA BAUMGARTNER		9. State or Country of Mother's Birth: MINNESOTA USA.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dora C. Klein	11. Present Address of Registrant: HANEY B.C. CANADA
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 29 19 53	12. Signature of Notary: [illegible]	13. Notary Commission expires: LIFETIME.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	Vincent Chiappa, S. J. Pastor St. Stanislaus Church Lewiston, Idaho	Baptized	Dec. 30th
Class* A	Date of Birth: Sept. 21, 1893	Birth Place: Anna Baumgartner	Full Name of Mother: Anna Baumgartner	Name of Father: Paul Scharbach
SUPPORTING RECORD 2.	Type of Document: Registration of Marriage	By whom issued and signed: Government of the Province of Alberta	Date Issued: Nov. 3, 1914	Date Orig. Entry
Class B	Date of Birth: 21 yrs	Birth Place: Idaho	Full Name of Mother: Anna Baumgartner	Name of Father: Paul Scharbach
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle	By whom issued and signed: Matt Baumgartner	Date Issued: Dec. 22, 1953	Date Orig. Entry
Class B	Date of Birth: Sept. 21, 1893, Craig-Mountain Idaho	Birth Place	Full Name of Mother: Anne Scharbach	Name of Father: Paul Scharbach
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Jan. 5, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

666-218-023-238 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

JAN 21 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-45
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ETHEL VIVIAN FOWLER. ?		2. Date Of Birth (month) (day) (year): DEC. 18 1893
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: ADA CO / IDAHO. CO b. City or Town of Birth: ~~Emmett~~ Idaho. Emmett
FATHER	6. Full Name of Father: WILLIAM BROWNLOW FOWLER.		7. State or Country of Father's Birth: Tennessee Rankin Co.
MOTHER	8. Full Maiden Name of Mother: ELDA DORA SCHOCK.		9. State or Country of Mother's Birth: Oskaloosa Iowa.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Vivian Barelli	11. Present Address of Registrant: Yakima Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 19 1952	12. Signature of Notary: R E Ledwick	13. Notary Commission expires: March 31 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Marriage License	County of Missoula, Montana, By H. M. Rauen, Clerk, Dist. Ct.	7/12/28	Married on July 12, 1928
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	34 yrs old / Emmett, Idaho	Elda Schock	William B. Fowler	
SUPPORTING RECORD 2. Class B	Type of Document: No. 10263. Death Benefit Certificate /	By whom issued and signed: Western Benefit Association	Date Issued: 12/2/41	Date Orig. Entry
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	48 yrs old			
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by brother	By whom issued and signed: Lynn E. Fowler	Date Issued: Jan. 18, 1954	Date Orig. Entry
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Dec. 18, 1893, Emmett, Idaho			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fowler	1-21-54

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 21 1954

REGISTERED

JAN 21 1954

CHECKED

JAN 22 1954

539-111-029-844

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JAN 7 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-124
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jesse Garrett Vliet		2. Date of Birth (month) (day) (year): Dec. 11, 1893.
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: IDAHO a. County: LATAH b. City or Town of Birth: MOSCOW
FATHER	6. Full Name of Father: George Vliet		7. State or Country of Father's Birth: IOWA
MOTHER	8. Full Maiden Name of Mother: Millie Anna Hudson		9. State or Country of Mother's Birth: ARKANSAS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: J. B. Vliet	11. Present Address of Registrant: Box 34, Terrace, B.C., CAN.
NOTARY (Seal)	Subscribed and sworn to before me on: 31 December 19 53	12. Signature of Notary: John A. Rousette	13. Notary Commission expires: Life 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: George Vliet	Date Issued: June 10, 1918	Date Orig. Entry
Class* B	Date of Birth: Dec. 11, 1893, Idaho	Birth Place	Full Name of Mother: Millie Anna Vliet	Name of Father: George Vliet
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Millie Anna Vliet	Date Issued: June 10, 1918	Date Orig. Entry
Class B	Date of Birth: Dec. 11, 1893, Idaho	Birth Place	Full Name of Mother: Millie Anna Vliet	Name of Father: George Vliet
SUPPORTING RECORD 3.	Type of Document: Certificate of Naturalization	By whom issued and signed: A. B. Capp, Sec. of State	Date Issued: of	Date Orig. Entry: Jan. 31, 1924
Class B	Date of Birth: D c. 11, 1893, Moscow, Idaho	Birth Place: Canada	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

Also, life insurance policy with the Mutual Benefit Health and Accident Assoc. gives the date of birth as Dec. 11, 1893 in the U. S. A.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	Feb. 15, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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Form DPH 49067

STATE OF IDAHO

CERTIFICATE OF BIRTH

1. NAME OF CHILD: Jesse Garrett Vliet
2. Date of Birth: Dec. 11, 1923
3. Sex: Male
4. Place of Birth: LATAH County, IDAHO
5. City or Town of Birth: MOSCOW
6. FATHER: George Vliet
7. State or Country of Father's Birth: IOWA
8. Full Maiden Name of Mother: Millie Anna Hudson
9. State or Country of Mother's Birth: ARKANSAS

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Informant: [illegible]
11. Present Address of Informant: [illegible]
12. Signature of Notary: [illegible]
13. Notary Commission Expires: [illegible]

Subscribed and sworn to before me on [illegible] 19[illegible]

Type of Document: [illegible]
Date of Birth: [illegible]
Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]
Date Issued: [illegible]
Date Orig. Entry: [illegible]

Type of Document: [illegible]
Date of Birth: [illegible]
Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]
Date Issued: [illegible]
Date Orig. Entry: [illegible]

FEB 16 1954

Type of Document: [illegible]
Date of Birth: [illegible]
Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]
Date Issued: [illegible]
Date Orig. Entry: [illegible]

Type of Document: [illegible]
Date of Birth: [illegible]
Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]
Date Issued: [illegible]
Date Orig. Entry: [illegible]

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar: [illegible]
Date Filed: [illegible]

664101-014-236

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-189
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frederic Fouch		2. Date of Birth (month) April (day) 1 (year) 1893	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa, Idaho
FATHER	6. Full Name of Father: Albert Fouch		7. State or Country of Father's Birth: Ohio 1852	
MOTHER	8. Full Maiden Name of Mother: Theresa Isabella Stockton		9. State or Country of Mother's Birth: Crawford County, Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frederic Fouch.	11. Present Address of Registrant: 2001 Gourley St. Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 11, 1954	12. Signature of Notary: Mabel Kleiber	13. Notary Commission expires: May 7 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Record in Family Bible	By whom issued and signed: Mother	Date Issued	Date Orig. Entry: 4/1/1893
Class* A	Date of Birth: 4/1/1893 / Birth Place	Full Name of Mother: Theresa Isabelle Stockton	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Enlistment Record	By whom issued and signed: 2/Lt. Ward B. Freeman	Date Issued: 7/22/1918	Date Orig. Entry
Class B	Date of Birth: 25 years 3 / Birth Place: Nampa, Idaho	Full Name of Mother: months of age at time of enlistment	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Birth Certificate #118581	By whom issued and signed: J. M. Taylor, M.D.	Date Issued: 1/5/24	Date Orig. Entry: 1/5/1924
Class B	Date of Birth: 30 years / Birth Place: - Idaho	Full Name of Mother: of age at time of this birth	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Opal Peterson	Mar. 11, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NAME	1. Name of person at birth		2. Date of birth (Month) April
PLACE OF BIRTH	3. City or town of birth	4. Place of birth - County Ada	5. County at time of birth Nampa, Idaho
PARENTAGE	6. Full name of father Alonzo Cook		7. State or Country of Father's birth Ohio
PARENTAGE	8. Maiden name of mother Frances Isabella Stockton		9. State or Country of Mother's birth Grand Rapids, Michigan
AFFIDAVIT	I hereby declare that the statements made in this certificate are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present address of Registrant 2021 Dewey St. Boise, Idaho
NOTARIAL	13. Subscribed and sworn to before me on	14. Signature of Notary	15. Notary Commission expires

DO NOT WRITE BELOW THIS LINE

Alternative Record A	Type of Document Record in Family Bible	Date of Birth Month Day Year 4/2/1893	Name of Mother Theresa Isabella Stockton
	Full Name of Father	By whom Signed Mother	Date Issued
Alternative Record B	Type of Document Birth Certificate	Date of Birth Month Day Year 25 years 3 months	Full Name of Mother
	Name of Father	By whom Signed and Witnessed J. M. Taylor, J.P.	Date Issued 1/5/31
Alternative Record C	Type of Document Entry of Baptism	Date of Birth Month Day Year 30 years of age at time of baptism	Full Name of Mother
	Name of Father	By whom Signed and Witnessed Rev. Ward P. Freeman	Date Issued 1/22/1919

MISCELLANEOUS INFORMATION

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the foregoing Affidavit.

State Registrar W. W. Kenson	Evidence received by Opal Anderson	Date filed Mar. 14, 1931

*Class A Records are those made prior to the beginning of the Fourth Birthday.
Class B Records are those made after the Fourth Birthday but are less than 7 years old.

566227.006-282

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-459
Local Reg. No.
Reg. Dist. No.

JUN 4 1954
Division of Vital Statistics

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Zylpha Nowlin
2. Date of Birth (month) July (day) 27 (year) 1893
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: Jabus William Nowlin
7. State or Country of Father's Birth: Nephi Utah

MOTHER

8. Full Maiden Name of Mother: Clarinda Byler
9. State or Country of Mother's Birth: Idaho Falls, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Zylpha Sorensen
11. Present Address of Registrant: Magrath Alberta Canada

NOTARY (Seal)

Subscribed and sworn to before me on Oct 28th 1953 19
12. Signature of Notary: [illegible]
13. Notary Commission expires: Dec 30 19 54

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Uncle	Ernest Nowlin	Oct. 10, 1953	
Class* B	Date of Birth / Birth Place: July 27, 1893, Idaho Falls, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Affidavit by Uncle	Thomas Nowlin	Oct. 8, 1953	
Class B	Date of Birth / Birth Place: July 27, 1893 Idaho Falls, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Census Record	Department of Commerce Bureau of the Census	census of	1900
Class B	Date of Birth / Birth Place: July 1893 6 yrs old / Idaho	Full Name of Mother: Clarinda Nowlin	Name of Father: Jabus Nowlin	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Helen	June 4, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics

Boise, Idaho

REGISTERED

1954

1. Registered's Full Name at Birth

2. Date of Birth

3. Sex

4. Place of Birth

5. County

FATHER

6. Full Name of Father

7. State or Country of Father's Birth

MOTHER

8. Full Maiden Name of Mother

9. State or Country of Mother's Birth

I hereby declare that the statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

SUBSCRIBED AND SWORN TO before me on

12. Signature of Party

13. Notary Commission expires

19

APPLICANT - DO NOT WRITE BELOW THIS LINE

Certificate

Type of Document

Date Issued

Name Orig. Entry

Class B

April 27, 1954 Twin Falls, Idaho

Oct. 10, 1958

Date of Birth Birth Place

Full Name of Mother

Name of Father

Emmett Tomlin

SUPPLEMENTAL RECORD

Type of Document

Date Issued

Date Orig. Entry

Class B

July 27, 1959 Twin Falls, Idaho

Oct. 5, 1959

Date of Birth Birth Place

Full Name of Mother

Name of Father

Emmett Tomlin

ADDITIONAL INFORMATION

Remarks: Affidavit dated July 27, 1959 by Emmett Tomlin, Twin Falls, Idaho, stating that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Affidavits

Evidence reviewed by

Date Filed

E. R. Cannon

June 29, 1959

259-103-029-259

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 14 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-491
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Fay Berry		2. Date of Birth (month) Jan. (day) 3rd (year) 1893
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: Idaho Latah, Ida. b. City or Town of Birth: near Palouse, Wash.
FATHER	6. Full Name of Father: Thomas Harvey Berry		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Arminda Jane Berry		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Fay Berry	11. Present Address of Registrant: 104 W. Main, Pullman, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: May 20 1954	12. Signature of Notary: Elmer M. Rose	13. Notary Commission expires: Dec. 2 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Honorable Discharge	U. S. Marine Corps	Feb. 28, 1922	
Class* B	Date of Birth / Birth Place: Jan. 3, 1893, Moscow, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Insurance Policy	Idaho Mutual Benefit Assoc,	Aug. 15, 1942	
Class B	Jan. 3, 1893, Moscow, Idaho			
SUPPORTING RECORD 3.	Affidavit by mother	Arminda J. Berry	Feb. 25, 1954	
Class B	Jan. 3, 1893 Latah County, Idaho	Arminda J. Berry	Thomas Harvey Berry	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	June 14, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 14 1954

Idaho

Honorable Lieutenant

U. S. Marine Corps

Feb. 28, 1922

Marriage Policy

Idaho Falls Record Age

Aug. 15, 1952

Aug. 3, 1923, Rogers, Idaho

Affidavit by mother

Arminda J. Berry

Jan. 25, 1954

Jan. 3, 1923, Bonneville County, Idaho Arminda J. Berry

June 14, 1954

815-22-022-389

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-593
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marie Johanna Hansen
2. Date Of Birth (month) Nov (day) 12 (year) 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Salem Fremont County Ida
b. City or Town of Birth: Salem

FATHER

6. Full Name of Father: Rasmus Peder Hansen
7. State or Country of Father's Birth: Praesto, Soro County Denmark

MOTHER

8. Full Maiden Name of Mother: Laura Catrine Christensen
9. State or Country of Mother's Birth: Horsens Jeumark

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marie Johanna Hansen
11. Present Address of Registrant: 3535 So. 2nd West Salt Lake City Utah

NOTARY (Seal)

Subscribed and sworn to before me on June 30th 1954
12. Signature of Notary: James G. Hatch
13. Notary Commission expires 3-9-1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Cert. of Record of Membership	Ella D. Jack, Bishop's Office L.D.S. Church, Salt Lake City	6/7/1954	5/3/1902
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	11/12/1893 Salem, Idaho	Laura C. Christensen	Rasmus P. Hansen	
SUPPORTING RECORD 2. Class B	Affidavit by Aunt	Mrs. Charles C. Fuller	5/25/1954	
	11/12/1893 Salem, Idaho	Laura C. Hansen	Rasmus Peder Hansen	
SUPPORTING RECORD 3. Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Opal Peterson	July 14, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
JUL 15 1954

196-206-025-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 30 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-646
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EVA CYMINTHA GROSS		2. Date of Birth (month) APRIL (day) 6 (year) 1893	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: SALMON CITY IDAHO	b. City or Town of Birth
FATHER	6. Full Name of Father: GEORGE VERY GROSS		7. State or Country of Father's Birth: CANADA	
MOTHER	8. Full Maiden Name of Mother: MARY CYMINTHA WALLACE		9. State or Country of Mother's Birth: CANADA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Eva C. Williams	11. Present Address of Registrant: 584 Fourth East Blackfoot, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: July 28 1954	12. Signature of Notary: A Notary Public in and for the Province of British Columbia	13. Notary Commission expires: 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: Apr. 6, 1893	Date Orig. Entry
Class* A	Date of Birth: April 6, 1893,	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Marietta Gross Parsons	Date Issued: 3-19-54	Date Orig. Entry
Class B	Date of Birth: Apr. 6, 1893, Salmon, Idaho	Birth Place	Full Name of Mother: Mary C. Wallace	Name of Father: George Very Gross
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: W. W. Benson	Date Filed: 7-30-54	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 30 1954

CHILD	1. Name of child (First, middle, last)	2. Date of birth (month) (day) (year)	3. Place of birth (County) (City or town)
FATHER	4. Full name of father	5. Color or race	6. Age at time of birth
MOTHER	7. Full name of mother	8. Color or race	9. Age at time of birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Applicant	11. Address (Street and number, City or town, State)
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth Birth Place	Full Name of Mother	Name of Father	

REGISTRATION	I hereby certify that no other birth certificate for person named in the Division of Vital Statistics for this applicant and that documentary evidence has been presented which substantiates the facts as set forth in the foregoing affidavit.

Signature of Registrar	Evidence Returned to	Date Filed

632-217-029-863 AUG 12 1954

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 667
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Signe Fredricka Olsson			2. Date of Birth (month) August (day) 17 (year) 1893	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Latah	b. City or Town of Birth: Troy	
FATHER	6. Full Name of Father: Axel Olsson			7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: ~~Axel Olsson~~ Fredricka Mathilda Holland			9. State or Country of Mother's Birth: Norway	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel S. Palm		11. Present Address of Registrant: 2223 Spruce Rd Homewood Illinois	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 5th 1953.	12. Signature of Notary: [illegible]		13. Notary Commission expires: Jan 18 1953	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Church record of Baptism	By whom issued and signed: Troy Lutheran Church, Troy.	Date Issued: 1/13/53	Date Orig. Entry: Baptized on July ~~11~~, 1909	
	Date of Birth: August 17,	Birth Place: 1893 Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: Troy Precinct Census record of 1900	By whom issued and signed: Bureau of the Census	Date Issued: 6/24/54	Date Orig. Entry: Census of June 1, 1900	
	Date of Birth: 6 yrs old Aug. 1893	Birth Place: Idaho	Full Name of Mother: Fredrecke Olson	Name of Father: Axel Olsen	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by Mother	By whom issued and signed: Fredrika M. Olsson	Date Issued: Jan. 18, 1953	Date Orig. Entry:	
	Date of Birth: Aug. 17, 1893	Birth Place: Troy, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Aug. 13, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's Full Name at Birth

2. Date of Birth

3. Place of Birth

4. Sex

5. Color or Race

6. Usual Residence

7. Name or Country of Father's Birth

8. Maiden Name of Mother

9. Name or Country of Mother's Birth

10. Informant

11. Signature of Informant

12. Present Address of Informant

13. Signature and Title of Attendant

14. Date Signed

15. Notary Commission expires

16. Signature of Notary

17. Date Signed

18. Certificate Received by Registrar

19. Date Filed

20. Amended

21. Reason for Amendment

22. Date Signed

23. Signature of Informant

24. Signature of Attendant

25. Signature of Notary

26. Date Signed

27. Date Certificate Received by Registrar

28. Date Filed

29. Amended

30. Reason for Amendment

31. Date Signed

32. Signature of Informant

33. Signature of Attendant

34. Signature of Notary

35. Date Signed

36. Date Certificate Received by Registrar

37. Date Filed

38. Amended

39. Reason for Amendment

40. Date Signed

41. Signature of Informant

42. Signature of Attendant

43. Signature of Notary

44. Date Signed

45. Date Certificate Received by Registrar

46. Date Filed

47. Amended

48. Reason for Amendment

49. Date Signed

50. Signature of Informant

51. Signature of Attendant

52. Signature of Notary

53. Date Signed

54. Date Certificate Received by Registrar

55. Date Filed

56. Amended

57. Reason for Amendment

58. Date Signed

59. Signature of Informant

60. Signature of Attendant

61. Signature of Notary

62. Date Signed

63. Date Certificate Received by Registrar

64. Date Filed

65. Amended

66. Reason for Amendment

67. Date Signed

68. Signature of Informant

69. Signature of Attendant

70. Signature of Notary

71. Date Signed

72. Date Certificate Received by Registrar

73. Date Filed

74. Amended

75. Reason for Amendment

76. Date Signed

77. Signature of Informant

78. Signature of Attendant

79. Signature of Notary

80. Date Signed

81. Date Certificate Received by Registrar

82. Date Filed

83. Amended

84. Reason for Amendment

85. Date Signed

86. Signature of Informant

87. Signature of Attendant

88. Signature of Notary

89. Date Signed

90. Date Certificate Received by Registrar

91. Date Filed

92. Amended

93. Reason for Amendment

94. Date Signed

95. Signature of Informant

96. Signature of Attendant

97. Signature of Notary

98. Date Signed

99. Date Certificate Received by Registrar

100. Date Filed

312111-014-866

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 713
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Albert Thomas Lake
2. Date of Birth (month) Dec. (day) 11 (year) 1893
3. Color or Race: Wh.
4. Sex: M
5. Place of Birth a. County: Nampa, Idaho Canyon
b. City or Town of Birth: Nampa

FATHER

6. Full Name of Father: Harry Thomas Lake
7. State or Country of Father's Birth: U.S.A.

MOTHER

8. Full Maiden Name of Mother: Julia Howard
9. State or Country of Mother's Birth: Idaho, U.S. A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Albert T. Lake
11. Present Address of Registrant: 724 Lake St. So. Kirkland, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on August 21 19 54

12. Signature of Notary: W. Benson
13. Notary Commission expires: April 17, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application for Insurance	Idaho Mutual Benefit Assn.		Sept. 16, 1935
Class* B	**Date of Birth** / **Birth Place**: Dec. 11, 1893 Nampa, Idaho	**Full Name of Mother**	**Name of Father**	
SUPPORTING RECORD 2.	Affidavit by an Aunt	Ellen Roney.	August 12,	1954
Class B	Dec. 11, 1893 Nampa, Idaho	Julia Howard	Harry Thomas Lake	
SUPPORTING RECORD 3.	111789 Child's birth certificate/	Idaho Bureau of Vital Statistics	Filed on Apr. 18, 1923	Child born on Apr. 17, 1923
Class B	**Date of Birth**: 29 yrs old / **Birth Place**: Idaho	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Aug. 27, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 30 1952

1. Name of person	Gilbert Thomas Tate		
2. Date of birth	Dec. 11, 1923		
3. Place of birth	Nampa, Idaho	Canyon	
4. Sex	M		
5. Color or race	W		
6. Full name of father	Henry Thomas Tate		
7. Birthplace of father	Idaho, U.S.A.		
8. Maiden name of mother	Hattie Howard		
9. Birthplace of mother	Idaho, U.S.A.		
10. Signature of applicant			
11. Present address of applicant	724 Lake St. Kirkland, Wash.		
12. Signature of notary			
13. Notary commission expires	April 17, 1956		

AFFIDAVIT — To be used when only one parent signs application

Type of document	Affidavit for Insurance	By whom issued and signed	Idaho Mutual Benefit Assn.
Date issued	Sept. 16, 1952	Date of Filing	

SUPPORTING RECORD A

Type of document	Affidavit by an Aunt	By whom issued and signed	Allen Soney.
Date issued	Aug. 12, 1952	Date of Filing	

SUPPORTING RECORD B

Type of document	Child's birth certificate	By whom issued and signed	Idaho Bureau of Vital Statistics
Date issued	Apr. 18, 1952	Date of Filing	Apr. 17, 1952

CLASSIFICATION

Class	B	Date of birth	22 yrs old
Place of birth	Idaho	Full name of mother	
Full name of father	Henry Thomas Tate		

CERTIFICATION

Register certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the supporting affidavit.

Registrar	Evidence reviewed by	Date filed
W. Benson	Edna Hamilton	Aug. 27, 1952

268-216-030-258

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 840
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lena Bohannon		2. Date of Birth (month) Aug (day) 14 (year) 1893
	3. Color or Race	4. Sex	5. Place of Birth a. County: Salmon, Lemhi Co.
			b. City or Town of Birth: Salmon, Idaho
FATHER	6. Full Name of Father: Isiah Bohannon		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Josephine Snyder		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lena Bohannon Bartlett	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: October 4th. 1954	12. Signature of Notary: W. W. Benson Clerk Dist. C[redacted]	13. Notary Commission expires: Lemhi Co. Idaho 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible record of family births	Bible examined by C. Walker Lyon, Notary Public, Idaho	10/5/54	Aug. 14, 1893
Class* A	Date of Birth: Aug. 14, 1893	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Marriage License	Fresno County, California D. M. Barnwell, Clerk, Superior Ct.	Oct. 3, 1923	
Class B.	Date of Birth: 30 yrs old.	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Affidavit by older half-sister	May Wright	10/5/54	
Class B.	Date of Birth: Aug. 14, 1893	Birth Place: Salmon, Idaho	Full Name of Mother: Josephine Snyder	Name of Father: Isaiah Bohannon

QUALIFYING INFORMATION

CLASS B. School Census Records, By Maemie R. Ellis, County Supt. Lemhi County Schools, for the year 1908 which shows year of birth and date as August 14, 1893.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson,	Edna Hamilton	Oct. 11, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 12 1954

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH

1. Registrant's Full Name at Birth: [illegible]

2. Color or Race: [illegible] 3. Sex: [illegible]

4. Date of Birth: [illegible]

5. Place of Birth: [illegible] County

6. Usual Residence of Mother: [illegible]

7. Name of Father: [illegible]

8. Maiden Name of Mother: [illegible]

9. State or Country of Father's Birth: [illegible]

10. State or Country of Mother's Birth: [illegible]

11. Present Address of Registrant: [illegible]

12. Signature of Registrant: [illegible]

13. Signature of Notary: [illegible]

14. Notary Commission expires: [illegible]

AFFIDAVIT: I hereby declare and swear that the above statements are true to the best of my knowledge and belief.

NOTARY: Subscribed and sworn to before me on October 11th, 19[illegible]

Clerk, Dist. Ct., [illegible] County, Idaho

APPROVED RECORD I.

Date of Birth: [illegible] Birth Place: [illegible]

Type of Document: [illegible]

Full Name of Mother: [illegible]

Name of Father: [illegible]

Date Issued: [illegible] Date Orig. Entry: Aug. 11, 1953

By whom issued and signed: [illegible]

APPROVED RECORD 2.

Date of Birth: [illegible] Birth Place: [illegible]

Type of Document: [illegible]

Full Name of Mother: [illegible]

Name of Father: [illegible]

Date Issued: [illegible] Date Orig. Entry: Oct. 3, 1953

By whom issued and signed: [illegible]

APPROVED RECORD 3.

Class B.

Date of Birth: [illegible] Birth Place: [illegible]

Type of Document: [illegible]

Full Name of Mother: [illegible]

Name of Father: [illegible]

Date Issued: [illegible] Date Orig. Entry: [illegible]

By whom issued and signed: [illegible]

CERTIFICATION

Class B. School Census Card, By Rebecca B. Burns, County Supt. Latah County Cancelled

For the year 1954 which shows year of birth and true as August 11, 1953.

REGISTRAR'S CERTIFICATION: I hereby certify that a live birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Registrar: [illegible]

Evidence reviewed by: [illegible]

Date Filed: Oct. 11, 1954

713-208-001-533

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 845
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Litha Maree Packenham		2. Date Of Birth (month) (day) (year): September 8 1893
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Chester H. Packenham		7. State or Country of Father's Birth: Clarinda County, Iowa
MOTHER	8. Full Maiden Name of Mother: Olive Isabell Ellis		9. State or Country of Mother's Birth: Boise, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Litha Maree Packenham	11. Present Address of Registrant: 1719 N. 25th St. Boise
NOTARY (Seal)	Subscribed and sworn to before me on: 13th of October 1954	12. Signature of Notary: W. W. Benson	13. Notary Commission expires: July 31 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record of Family Births	By whom issued and signed: E. B. Newsome, Notary Public	Date Issued: 10-9-54	Date Orig. Entry: 1893
Class* A	Date of Birth: Sep. 8,1893	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin	By whom issued and signed: Virgil H. Tucker, Notary Public Mrs. Abbie Hagler	Date Issued:	Date Orig. Entry: 10-13-54
Class B	Date of Birth: Sep. 8,1893	Birth Place: Boise, Idaho	Full Name of Mother: Ollie Ellis	Name of Father: Chester H. Packenham
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Pat Shields	Date Filed: Oct. 13, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

OCT 14 1954

MAR 1967

FATHER	5. Full Name of Father Clarence E. Robinson
	6. Date of Birth September 8, 1893
	7. Birthplace (State or Foreign Country) Idaho
	8. Residence at Time of Death Clarinda County, Iowa
	9. Usual Occupation Retired Farmer
MOTHER	10. Full Maiden Name Gertrude Ellis
	11. Date of Birth [illegible]
	12. Birthplace (State or Foreign Country) Idaho
	13. Residence at Time of Death Boise
	14. Usual Occupation Housewife
INFORMANT	I hereby certify that the above particulars are true to the best of my knowledge and belief. 15. Signature 16. Address 17. Relationship
REGISTRAR	I hereby certify that the above particulars were received by me and are recorded in the records of this office. 18. Signature of Registrar 19. Date Received by Registrar

CERTIFIED COPY

POOR QUALITY

794-218-001-279

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 928
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Irene Grunbaum (Married name Irene Burnham)
2. Date Of Birth (month) August (day) 18, (year) 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Ada
b. City or Town of Birth: Boise, Idaho

FATHER

6. Full Name of Father: Leo P. Grunbaum
7. State or Country of Father's Birth: Austria

MOTHER

8. Full Maiden Name of Mother: Becca Spiegel
9. State or Country of Mother's Birth: United States of America

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Irene Burnham
11. Present Address of Registrant: 2180 Walkers Lane Salt Lake City 7, Utah

NOTARY (Seal)

Subscribed and sworn to before me on October 29 1954

12. Signature of Notary: [signature]
13. Notary Commission expires: [illegible] 11 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	birth Newspaper announcement of /	Local Breveties in the Idaho Daily Statesman	Aug. 19, 1893	Aug, 19, 1893
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 1893 Boise, Idaho	Mr. and Mrs. L. P.	Grunbaum	
SUPPORTING RECORD 2. Class B	Affidavit by	Leo J. Falk	Nov. 19, 1954	
	Aug. 18, 1893 Boise, Idaho	Mr. and Mrs. Leo P. Grunbaum		
SUPPORTING RECORD 3. Class 3				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Nov. 18, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 19 1954

813-131-003-713

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
NOV 13 '54
Division of Vital Statistics

State File No. De54-951
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ray Hatch			2. Date Of Birth (month) March (day) 31 (year) 1893	
	3. Color or Race: US White	4. Sex: Male	5. Place of Birth a. County: Oxford Bannock	b. City or Town of Birth: Oxford, Idaho	
FATHER	6. Full Name of Father: Daniel Hatch			7. State or Country of Father's Birth: Bountiful, Utah	
MOTHER	8. Full Maiden Name of Mother: Ida May Pace			9. State or Country of Mother's Birth: Bountiful, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ray Hatch		11. Present Address of Registrant: Blackfoot, Idaho Rt#3	
NOTARY (Seal)	Subscribed and sworn to before me on: November 6, 1954	12. Signature of Notary: Ved Larsen		13. Notary Commission expires: May 8, 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination	By whom issued and signed: L. D. S. Church		Date Issued: Ordained	Date Orig. Entry: 3-15-1909
Class* B	Date of Birth / Birth Place: Mch 31, 1893, Oxford, Idaho	Full Name of Mother: Ida Pace		Name of Father: Daniel Hatch	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assoc.		Date Issued	Date Orig. Entry: 9-10-42
Class B	Date of Birth / Birth Place: Mch. 31, 1893, Oxford, Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: Kate Anderson		Date Issued: Nov. 18,	Date Orig. Entry: 1954
Class B	Date of Birth / Birth Place: Mch 31, 1893, Oxford, Idaho	Full Name of Mother: Ida May Hatch		Name of Father: Daniel Hatch	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel F. Felton		Date Filed: Nov. 30, 1954	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 8 0 1954

Utah

Journeyful, Utah

Journeyful, Utah

Ida May Pace

Maternal Maiden

Hyrum

May 6, 58

284-223-004-798

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-988
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Janet Stella Shupe
2. Date of Birth (month) (day) (year): March 23, 1893
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Idaho — Bear Lake
b. City or Town of Birth: Montpelier

FATHER

6. Full Name of Father: John R. Shupe
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary A. Pryor
9. State or Country of Mother's Birth: New York

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Janet Stella Shupe
11. Present Address of Registrant: Montpelier, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: December 7th, 19 54
12. Signature of Notary: Ruth Aland
13. Notary Commission expires: RUTH ALAND Notary Public Montpelier, Idaho My Commission Expires March 6, 1956 — 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Church Record
By whom issued and signed: L. D. S. Church
Date Issued:
Date Orig. Entry: Aug. 3, 1907
Class* B
Date of Birth: Mch 23, 1893
Birth Place: Montpelier, Idaho
Full Name of Mother: Mary A. Pryor
Name of Father: John R. Shupe

SUPPORTING RECORD 2.

Type of Document: Census Record
By whom issued and signed: Department of Commerce Bureau of the Census
Date Issued: Census of 1900
Date Orig. Entry:
Class B
Date of Birth: Mch 1893 7 yrs old
Birth Place: Idaho
Full Name of Mother: Mary A. and
Name of Father: John R. Shupe

SUPPORTING RECORD 3.

Type of Document: Affidavit by sister
By whom issued and signed: Ethel Shupe Gardner
Date Issued: Nov. 2, 1954
Date Orig. Entry:
Class B
Date of Birth: Mch 23, 1893
Birth Place: Montpelier, Idaho
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel F. Beeler
Date Filed: Dec. 10, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

CERTIFICATE OF BIRTH

1. NAME OF CHILD: James Stella Shupe
2. SEX: M
3. DATE OF BIRTH: March 23, 1903
4. PLACE OF BIRTH: Idaho, Bear Lake County
5. NAME OF FATHER: John A. Shupe
6. BIRTHPLACE OF FATHER: Utah
7. MAIDEN NAME OF MOTHER: Mary A. Pryor
8. BIRTHPLACE OF MOTHER: New York
9. NAME AND ADDRESS OF INFORMANT: Mary A. Pryor, Montpelier, Idaho
10. DATE FILED: Dec. 10, 1954

I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE RECORD OF BIRTH OF THE PERSON NAMED THEREIN, AS SHOWN BY THE RECORDS OF THIS OFFICE.

DATE ISSUED: DEC 10 1954

STATE REGISTRAR

393-223-007-962

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-993
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Gustava Lilya			2. Date Of Birth (month) October (day) 23 (year) 1893
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Woodriver, a. County: Idaho	b. City or Town of Birth: Woodriver, Idaho
FATHER	6. Full Name of Father: Julius J. Lilya			7. State or Country of Father's Birth: Copenhagen, Sweeden
MOTHER	8. Full Maiden Name of Mother: Margaret Robertson			9. State or Country of Mother's Birth: Glascow, Scotland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith G Schaaf		11. Present Address of Registrant: 3110 East Third Avenue Durango, Colorado
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 21 1954	12. Signature of Notary: Earl V. Mann		13. Notary Commission expires: April 19 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit		By whom issued and signed: Clara Lilya Maxfield	Date Issued: Nov. 3,	Date Orig. Entry: 1954
Class* B.	Date of Birth: Oct. 23,	Birth Place: 1893, Woodriver, Idaho	Full Name of Mother: Margaret Robertson	Name of Father: Julius J. Lilya	
SUPPORTING RECORD 2.	Type of Document: Affidavit by midwife		By whom issued and signed: Retta Gibson Caldwell	Date Issued: Dec. 2,	Date Orig. Entry: 1954
Class B	Date of Birth: Oct. 23,	Birth Place: 1893, Woodriver, Idaho	Full Name of Mother: Margaret Robertson	Name of Father: Julius J. Lilya	
SUPPORTING RECORD 3.	Type of Document: Marriage License		By whom issued and signed: County of Salt Lake State of Utah	Date Issued: Oct. 18,	Date Orig. Entry: 1911
Class B	Date of Birth: 18 yrs old	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel H. Eaton	Date Filed: Dec. 13, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 13 1954

DEC 14 1954

STATE OF IDAHO

DELAYED CERTIFICATE OF BIRTH

1. Registrar's Number: Filed

2. Date of Birth: October 23 1923

3. Place of Birth: County: Idaho. City of Town: Weed River.

4. Full Name of Child: Julius T. Tiffye

5. Sex: Male

6. Full Name of Father: Julius T. Tiffye

7. State or Country of Father's Birth: Germany, Sweden

8. Maiden Name of Mother: Margaret Robertson

9. State or Country of Mother's Birth: Glasgow, Scotland

10. Affidavits were made by the following persons who were present at the birth, and who have personal knowledge of the facts stated herein:

11. Present Address of Applicant: 1212 East Third Avenue, Durango, Colorado

12. Signature of Applicant: Julius T. Tiffye

13. Subscribed and sworn to before me on: April 19 1954

14. Signature of Notary: Eva V. Mann

15. Notary Commission expires: April 19 1956

SUPPLEMENTAL RECORD No. 1

Class: A

Date of Birth: Oct. 23, 1923

Birth Place: Weed River, Idaho

Name of Father: Julius T. Tiffye

Name of Mother: Margaret Robertson

Type of Document: Affidavit of Alberta Tiffye

By whom Issued and Signed: Clerk of Court

Date Issued: Nov. 3, 1954

Date Orig. Entry:

SUPPLEMENTAL RECORD No. 2

Class: A

Date of Birth: Oct. 23, 1923

Birth Place: Weed River, Idaho

Name of Father: Julius T. Tiffye

Name of Mother: Margaret Robertson

Type of Document: Affidavit of Alberta Tiffye

By whom Issued and Signed: Judith Gibson Caldwell

Date Issued: Dec. 2, 1954

Date Orig. Entry:

SUPPLEMENTAL RECORD No. 3

Class: A

Date of Birth: Oct. 23, 1923

Birth Place: Weed River, Idaho

Name of Father: Julius T. Tiffye

Name of Mother: Margaret Robertson

Type of Document: Affidavit of Alberta Tiffye

By whom Issued and Signed: County Clerk

Date Issued: Oct. 14, 1954

Date Orig. Entry:

CERTIFICATION

I hereby certify that the foregoing certificate has been found in the Division of Vital Statistics for this County and that competent evidence has been received, which substantiates the facts as set forth in the foregoing abstract.

Date Registered: Dec. 13, 1954

Evidence Received by: Affidavit

Date Filed: Dec. 13, 1954

331-220-044-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EMILY MAY CLAIBORN			2. Date of Birth: (month) May (day) 20 (year) 1893	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Washington	b. City or Town of Birth: Crane Creek	
FATHER	6. Full Name of Father: Edward Claiborn			7. State or Country of Father's Birth: California	
MOTHER	8. Full Maiden Name of Mother: Susie Walker			9. State or Country of Mother's Birth: x Indiana.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: x Emily May Claiborn King	11. Present Address of Registrant: Jerome, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 24 1954		12. Signature of Notary: Estella H. Preece	13. Notary Commission expires: Apr 22 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Applicationfor Membership	By whom issued and signed: Idaho Mutual Benefit Association	Date Issued: July 21, 1937	Date Orig. Entry
Class* B	Date of Birth: May 20, 1893 / Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: No. 2902 Child's birth certifica	By whom issued and signed: Idaho Bureau of Vital Stat.	Date Issued: Filed on Mar. 12,1915	Date Orig. Entry: Child born on Mar. 5, 1915
Class B	Date of Birth: 21 yrs old / Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Father	By whom issued and signed: E. Claiborn	Date Issued: December 4, 1954	Date Orig. Entry
Class B	Date of Birth: May 20, 1893 / Birth Place: Crane Creek, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Jan. 3, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN

699-118-003-231

Department of Public Health
Division of Vital Statistics
Boise, Idaho .

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-71
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EARL STANGER WRIGHT			2. Date of Birth (month) April (day) 18 (year) 1893	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Bannock	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: Moses Wright			7. State or Country of Father's Birth: Utah, Box Elder County	
MOTHER	8. Full Maiden Name of Mother: Sarah Elizabeth Stanger			9. State or Country of Mother's Birth: Utah, Weber County	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Earl Stanger Wright	11. Present Address of Registrant: Dubois, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 5 January 1955		12. Signature of Notary: W. W. Benson	13. Notary Commission expires: July 31 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Child's birth Certificate # 46731	By whom issued and signed: Idaho Bureau of Vital Statistics	Date Issued: Filed 1/20/17	Date Orig. Entry: Child born on Nov. 9, 1916
	Date of Birth: 24 yrs old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: Insurance Policy	By whom issued and signed: Equitable Life Assurance Society	Date Issued: Jan. 22, 1924	Date Orig. Entry:
	Date of Birth: April 18, 1893, / Birth Place: Pocatello, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by cousin	By whom issued and signed: Mrs. Juluis Wright	Date Issued: Jan. 7, 1955	Date Orig. Entry:
	Date of Birth: Apr . 18, 1893, / Birth Place: Pocatello, Idaho	Full Name of Mother: Sarah Elizabeth Stanger	Name of Father: Moses Wright	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Eldridge	Jan. 26, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

JAN 27 1955

213/20028-592

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
FEB 10 1955
Division of Vital Statistics

State File No. De55-121
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frederick William Balkow			2. Date of Birth (month) January (day) 20 (year) 1893	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Rathdrum, Idaho	
FATHER	6. Full Name of Father: Louis F. Balkow			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Rosina Regina Erkert			9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred W Balkow		11. Present Address of Registrant: 2985 Marysville Rd. Sacramento, California	
NOTARY (Seal)	Subscribed and sworn to before me on: DECEMBER 27, 1954	12. Signature of Notary: J G Rathford		13. Notary Commission expires: August 17, 1955 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Census of 1900	Date Orig. Entry
Class* B	Date of Birth: Jan. 1893 / Birth Place: 7 yrs old Idaho	Full Name of Mother: Rosa Balkow	Name of Father: Louis Balkow	
SUPPORTING RECORD 2.	Type of Document: Employment Record	By whom issued and signed: American Can Company	Date Issued	Date Orig. Entry: June 18, 1927
Class B	Date of Birth: Jan. 20, / Birth Place: 1893, Rathdrum, Idaho	Full Name of Mother: Sacramento, Calif.	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metrololitan Life Insurance	Date Issued	Date Orig. Entry: Oct. 6, 1949
Class B	Date of Birth: Jan. 20, / Birth Place: 1893	Full Name of Mother: Company	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Melvin Benson	Feb. 11, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 11 1955

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Registrar's

Registrar's No.	Date of Birth
Trailer	Twin
Full name of child	Sex
Color or race	Place of Birth
Full name of father	Maiden name of mother
Color or race	Age at last birthday
Birthplace (State or foreign country)	Birthplace (State or foreign country)
Occupation	Occupation
Age at last birthday	Usual residence
Attendant	Address
Date signed	Title
Name and address of informant	Relationship
Date received by Registrar	

Delayed Registration of Birth

Name at birth	Date of birth
Sex	Color or race
Name of father	Maiden name of mother
Birthplace of father	Birthplace of mother
Occupation of father	Occupation of mother
Age of father at last birthday	Age of mother at last birthday
Residence at time of birth	
Name of attendant at birth	Address
Name and address of informant	Relationship
Basis of knowledge	
Date signed	Title

Evidence Submitted

Baptismal Certificate	Census Record
Family Bible Record	Physician or Midwife
Hospital Record	Other (Specify)
Insurance Policy	

Affidavits Required

Father	Mother
Physician or Midwife	Other Person

Remarks

I hereby certify that the above certificate has been prepared from the records on file in this office and that documentary evidence was found sufficient to establish the facts as set forth in the above certificate.

Registrar

Date Filed

Feb. 11, 1955

W. W. Person

Evidence Presented by

Date of Birth

Jan. 20, 1903

Name of Child

Twin or Triplet

Sex

Color or Race

Place of Birth (City or County)

Jan. 20, Ada, Meridian, Idaho

Name of Father

Color or Race

Age at last Birthday

Birthplace (State or Country)

Employment Records

Maiden Name of Mother

Color or Race

Age at last Birthday

Birthplace (State or Country)

June 18, 1927

Occupation of Father

Occupation of Mother

Name and Address of Informant

Relationship

Date Signed

Title

Name of Attending Physician or Midwife

Address

Date Received by Registrar

Name of Hospital or Institution

Address

Date of Entry

Number

Signature of Registrar

Date Issued

Insurance Policy

Date of Policy

Name of Insured

Name of Beneficiary

Relationship

Petropolitan Life Insurance Company

Home Office

Oct. 6, 1949

Date Issued

Date Entered

Clerk

Remarks

Verification

I hereby certify that I have examined the records filed in this office under the above number and that the information above set forth is a true and correct transcript therefrom.

Registrar

Date Issued

Feb. 11, 1955

Seal

Fee $1.00

Issued under authority of Section 39-250, Idaho Code. This certificate is issued on the basis of the information available. Verification or correction may be obtained from the person named or from the Bureau of Vital Statistics, Boise, Idaho.

Issued by

Date Issued

Feb. 11, 1955

W. W. Person

Registrar

CERTIFICATE OF BIRTH

This is to certify that according to the records of this office the following is a true and correct record of the birth of the person named herein.

Name of Child

Twin or Triplet

Sex

Color or Race

Date of Birth (Month, Day, Year)

Jan. 20, 1903

Place of Birth (City or County)

Ada, Meridian, Idaho

Name of Father

Color or Race

Age at last Birthday

Birthplace (State or Country)

Employment Records

Maiden Name of Mother

Color or Race

Age at last Birthday

Birthplace (State or Country)

June 18, 1927

Occupation of Father

Occupation of Mother

Name and Address of Informant

Relationship

Date Signed

Title

Name of Attending Physician or Midwife

Address

Date Received by Registrar

Name of Hospital or Institution

Address

Date of Entry

Number

Signature of Registrar

Date Issued

Insurance Policy

Date of Policy

Name of Insured

Name of Beneficiary

Relationship

Petropolitan Life Insurance Company

Home Office

Oct. 6, 1949

Date Issued

Date Entered

Clerk

Remarks

Verification

I hereby certify that I have examined the records filed in this office under the above number and that the information above set forth is a true and correct transcript therefrom.

Registrar

Date Issued

Feb. 11, 1955

Seal

Fee $1.00

Issued under authority of Section 39-250, Idaho Code. This certificate is issued on the basis of the information available. Verification or correction may be obtained from the person named or from the Bureau of Vital Statistics, Boise, Idaho.

Issued by

Date Issued

Feb. 11, 1955

W. W. Person

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS
CERTIFIED COPY
This is to certify that this is a true and correct copy of the record on file in this office.
Issued under authority of Section 39-250, Idaho Code.
This certificate is issued on the basis of the information available. Verification or correction may be obtained from the person named or from the Bureau of Vital Statistics, Boise, Idaho.
Issued by
Date Issued
Feb. 11, 1955
W. W. Person
Registrar

745-404-009-566

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-137
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Gresham Gunn
2. Date of Birth: (month) March (day) 4 (year) 1893
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County ~~Hope, Idaho~~ b. City or Town of Birth: Hope, Idaho

FATHER

6. Full Name of Father: Edward Jacob Gunn
7. State or Country of Father's Birth: Minneapolis, Minnesota

MOTHER

8. Full Maiden Name of Mother: Elizabeth Mary Noonan
9. State or Country of Mother's Birth: Bayfield, Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Geo. G. Gunn
11. Present Address of Registrant: 2608 N. Howard, Spokane, Washington

NOTARY (Seal)

Subscribed and sworn to before me on Dec 17. 1957

12. Signature of Notary: [illegible]
13. Notary Commission expires: Notary Public for the State of Washington, Residing at Spokane, Washington. My Commission Expires Jan. 22, 19[illegible]

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by	Compton I. White	Nov. 24, 1953	
	Date of Birth / Birth Place: March, 1893 Hope, Idaho	Full Name of Mother: Elizabeth Gunn	Name of Father: Edward Gunn	
SUPPORTING RECORD 2. Class B	Navy Discharge record	United States Navy	Nov. 10, 1930	
	Date of Birth / Birth Place: Mar. 4, 1893 Hope, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class B	Insurance Application	The Travelers Insurance	Nov. 11,	1925
	Date of Birth / Birth Place: Mch 4, 1893 Idaho	Full Name of Mother Company	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Reed	Feb. 15, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PRH 10063

FEB 16 1955

355-110-025-993

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAR 7 1955
Division of Vital Statistics

State File No. De55-217
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leslie Harvey Lee

2. Date of Birth: (month) 8 (day) 10 (year) 1893

3. Color or Race: White

4. Sex: M

5. Place of Birth: a. County: Grangeville Idaho

b. City or Town of Birth: Grangeville

FATHER

6. Full Name of Father: ~~Cyrus~~ Cyrus Milton Lee

7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Martha Ritnour

9. State or Country of Mother's Birth: Penn.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leslie H Lee

11. Present Address of Registrant: Rt. #1, Kamiah Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 2 1955

12. Signature of Notary: E J Garland

13. Notary Commission expires: May 1 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Bible Record	Family Bible	Aug. 10,	1893
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 10, 1893, Grangeville, Idaho			
SUPPORTING RECORD 2. Class B	Department of Commerce	Bureau of the Census Census Record	Census of	1900
	Aug. 1893 6 yrs old / Idaho	Martha Lee	Cyrus M. Lee	
SUPPORTING RECORD 3. Class				
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	Mch 7, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 8 1955

1. Child's Name: Shirley Mary Lee

2. Date of Birth: 8 10 1908

3. Sex: Female

4. Color or Race: White

5. Place of Birth: (a) City or Town: Cloverdale (b) County: Ada (c) State: Idaho

6. Full Maiden Name of Mother: Ethel Hilton Lee

7. Age of Mother at Birth of Child: 19

8. Birthplace of Mother: (a) State or Country: Iowa

9. Birthplace of Father: (a) State or Country: Idaho

10. Occupation of Father: Farming

11. Present Address of Applicant: Rt. #1, Kamiah, Idaho

12. Relationship of Applicant to Child: Father

13. Date Signed: May 3, 1957

Subscribed and sworn to before me this 3rd day of May, 1957

Notary Public

My commission expires: September 2, 1955

Date Received: Mar 7, 1955

769-103.C29-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
MAR 19 1955
Division of Vital Statistics

State File No. De55-260
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dean Coffey Poindexter		2. Date of Birth: (month) February (day) 3 (year) 1893	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah Co. Idaho	b. City or Town of Birth: Near Farmington, Wash.
FATHER	6. Full Name of Father: Thomas Simpson Poindexter		7. State or Country of Father's Birth: Lane Co. Oregon	
MOTHER	8. Full Maiden Name of Mother: Sedalia Thomas		9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dean Coffey Poindexter	11. Present Address of Registrant: 304 Hunter Pl. Bend, Oreg	
NOTARY (Seal)	Subscribed and sworn to before me on 11/3/54 19__	12. Signature of Notary: W. L. Coyner	13. Notary Commission expires: May 1 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application for Insurance	Northwestern Mutual Life Ins. Company of Milwaukee, Wis.	May 17, 1921	
Class* B	Date of Birth / Birth Place: Feb. 3, 1893 Latah County, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: County of Cook State of Illinois	Date issued: Sept. 10,	Date Orig. Entry: 1924
Class B	Date of Birth / Birth Place: 31 yrs old	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Bible Record,	By whom issued and signed: Family Bible	Date issued: Feb. 3,	Date Orig. Entry: 1893
Class A	Date of Birth / Birth Place: Feb. 3, 1893	Full Name of Mother: Sedalia Thomas	Name of Father: Thomas Poindexter	

QUALIFYING INFORMATION

Insurance policies with Northwestern Mutual Life, dated 3-29-22, also, policy with Northern Life, dated May 12, 1923, give the date of birth as Feb. 3, 1893, Latah County, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Belden	Mch 21, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 22 1955

1. Registrant's full name at birth

2. Order or Race | 3. Sex | 4. Date of birth | 5. Age (years)

6. Full name of father

7. Birthplace of father

8. Full maiden name of mother

9. Birthplace of mother

10. Affidavit

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant

12. Present Address of Registrant

Subscribed and sworn to before me on

13. Notary's Signature

14. Notary Commission expires

SUPPORTING PROOF 1.

Type of Document

Date of birth Birth Place

Date issued

Date orig. docs

SUPPORTING PROOF 2.

Type of Document

Date of birth Birth Place

By what issued

Date issued

Date orig. entry

SUPPORTING PROOF 3.

Type of Document

Date of birth Birth Place

By what issued

Date issued

Date orig. entry

CERTIFICATE OF REGISTRAR

Registrar's Signature

Date Filed

DISTRIBUTION

Registrar's Remarks

366829-013-219

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAR 4 1955
Division of Vital Statistics

State File No. De55-274
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Arvilla Virginia Cook

2. Date Of Birth: (month) Sept. (day) 29, (year) 1893

3. Color or Race: White

4. Sex: Female

5. Place of Birth: a. County: Camas; b. City or Town of Birth: Crichton, (now Fairfield) Idaho

FATHER

6. Full Name of Father: John William Cook

7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Rebecca Bartsche

9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Arvilla V Wallace

11. Present Address of Registrant: Hailey, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Feb. 23, 1955

12. Signature of Notary: Joseph M. Eula

13. Notary Commission expires: Feb. 24, 1956

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by sister	Minnie G. Ogren	Feb. 25, 1955	
	Date of Birth / Birth Place: Sept. 29, 1893, Crichton, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class B	Insurance Policy	Banker's Life Casulty Company	Dec. 23, 1953	
	Date of Birth / Birth Place: Sept. 29, 1893	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class B	Child's birth certificate	Division of Vital Statistics Boise, Idaho #176175	Date Issued	Nov. 1, 1929
	Date of Birth / Birth Place: 36 yrs old Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleeson	3-25-55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 7 1967

MAR 25 1954

331402-029-816 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

MAR 26 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-286
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roy - HAWLEY - CLARK -		2. Date Of Birth (month) July (day) -2- (year) 1893 -
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Latah; b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: James Whitcomb Clark		7. State or Country of Father's Birth: Illinois - Bond Co. 1860
MOTHER	8. Full Maiden Name of Mother: Susan Elizabeth Hawley		9. State or Country of Mother's Birth: Illinois - Bond Co. 1863
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roy H. Clark	11. Present Address of Registrant: Palouse - Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: March 23 1955	12. Signature of Notary: E. V. West Pending at Palouse Wash	13. Notary Commission expires: Oct. 17 1957.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: United States Army		Date Issued: enlisted	Date Orig. Entry: 9-19-1917
Class* B	Date of Birth / Birth Place: 24 yrs and 3 mo old, born in Moscow, Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Moscow Public Schools		Date Issued: 1902-3	Date Orig. Entry:
Class B	Date of Birth / Birth Place: July 2, 1893	Full Name of Mother: Lizzy Clark		Name of Father	
SUPPORTING RECORD 3.	Type of Document: Lodge Record	By whom issued and signed: Elks Lodge #249 Moscow, Idaho		Date Issued:	Date Orig. Entry: Oct. 8, 1921
Class B	Date of Birth / Birth Place: July 2, 1893, Moscow, Idaho	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION

Affidavit by Aunt gives the date of birth as July 2, 1893, Moscow, Idah
parents, James W. Clark and Susan E. Hawley.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Weldon	Mch 29, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

251-203-029-564

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 6 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-324
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lillie Ann Beasley
2. Date Of Birth: (month) Aug (day) 3 (year) 1893
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County Latah; b. City or Town of Birth: Moscow

FATHER

6. Full Name of Father: Willis Boon Beasley
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Francis Lenora Northrup
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lillie Ann Beasley Beasley
11. Present Address of Registrant: Rt 2 Box 37 Hermiston Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: March 14 1955

12. Signature of Notary: Ruth L. Frickle
13. Notary Commission expires: April 1, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application for membership American Legion Auxiliary			3-12-31
Class* B	Date of Birth / Birth Place: Aug. 3, 1893, Moscow, Idaho	Full Name of Mother: Francis Beasley	Name of Father: Willis Beasley	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: State of Oregon #5881	Date Issued: Dec. 26,	Date Orig. Entry: 1914
Class B	Date of Birth / Birth Place: 21.yrs old Moscow, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin	By whom issued and signed: Ida V. Harris	Date Issued: Feb. 28,	Date Orig. Entry: 1955
Class B	Date of Birth / Birth Place: Aug. 3, 1893, Moscow, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fredericks	Apr. 6, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 7 1955

366-25-019-214

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
APR 6 1955
Division of Vital Statistics

State File No. De55-378
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frances Cooper
2. Date Of Birth (month) May (day) 15 (year) 1893
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Idaho — Custer
b. City or Town of Birth: Stanley

FATHER

6. Full Name of Father: Timothy Cooper
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Bertha Emily Kaufmann
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frances Cooper
11. Present Address of Registrant: Hood River, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on April 4 19 55

12. Signature of Notary: [illegible]
Notary Commission expires Jan 13, 1959 19 [illegible]
NOTARY PUBLIC FOR OREGON

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Marriage Return
By whom issued and signed: Yakima County State of Washington
Date Issued: March 6, 1933
Date Orig. Entry: 1933
Date of Birth: 40 yrs old
Birth Place: Stanley, Idaho
Full Name of Mother: Bertha Kaufman
Name of Father: Timothy Cooper
Class*: B

SUPPORTING RECORD 2.

Type of Document: Affidavit by half sister Daisy M. Papworth
By whom issued and signed:
Date Issued: Mch 29, 1955
Date Orig. Entry: 1955
Date of Birth: May 15, 1893
Birth Place: Stanley, Idaho
Full Name of Mother: Bertha Emily Kaufmann
Name of Father: Timothy Cooper
Class: B

SUPPORTING RECORD 3.

Type of Document: Census Record
By whom issued and signed: Department of Commerce Bureau of the Census
Date Issued: census of 1900
Date Orig. Entry:
Date of Birth: May 1893 7 yrs old
Birth Place: Idaho
Full Name of Mother: Bertha A. Cooper
Name of Father: Timothy Cooper
Class: B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by:
Date Filed: Apr. 19, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 C April

Form DPH 49067

APR 19

499-226-029-437

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
APR 25 1955
Division of Vital Statistics

State File No. De55-410
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARY BLANCHE DRISCOLL
2. Date of Birth (month) (day) (year): MAY 26 1893
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth: a. County: LATAH; b. City or Town of Birth: TROY

FATHER

6. Full Name of Father: JOSEPH DRISCOLL
7. State or Country of Father's Birth: NEW BRUNSWICK, CANADA

MOTHER

8. Full Maiden Name of Mother: ELIZABETH G. McGARR
9. State or Country of Mother's Birth: MAPLETON, IOWA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Blanche Driscoll
11. Present Address of Registrant: Moscow Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: January 13, 1955
12. Signature of Notary: Charles J. Libby
13. Notary Commission expires: 1/27 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Register		May 26, 1893
Class* A	Date of Birth / Birth Place: May 26, 1893, Troy, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Child's birth certificate	Division of Vital Statistics Boise, Idaho #74029		Nov. 22, 1919
Class B	Date of Birth / Birth Place: 26 yrs old Troy, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Affidavit by	May Randall	Jan. 19, 1955	
Class B	Date of Birth / Birth Place: May 26, 1893, Troy, Idaho	Full Name of Mother: Elizabeth G. McGarr	Name of Father: Joseph Driscoll	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	W. W. Benson	Apr. 25, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 26 1955

458-211-035-445

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 28 1955

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De55-467
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name: Anna Mae Meyer (also Dora Thea)			2. Date of Birth: April 11 1893	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Nez Perce	b. City or Town of Birth: Cameron, Idaho	
FATHER	6. Full Name of Father: Henry Meyer			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Dora Thea Munsterman			9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: x Emma M Wagner	11. Present Address of Registrant: Rt 2 Pullman Wash	
NOTARY (Seal)	Subscribed and sworn to before me on: April 18 19 55		12. Signature of Notary: Arnold H Kellen	13. Notary Commission expires: 3-27 19 56	

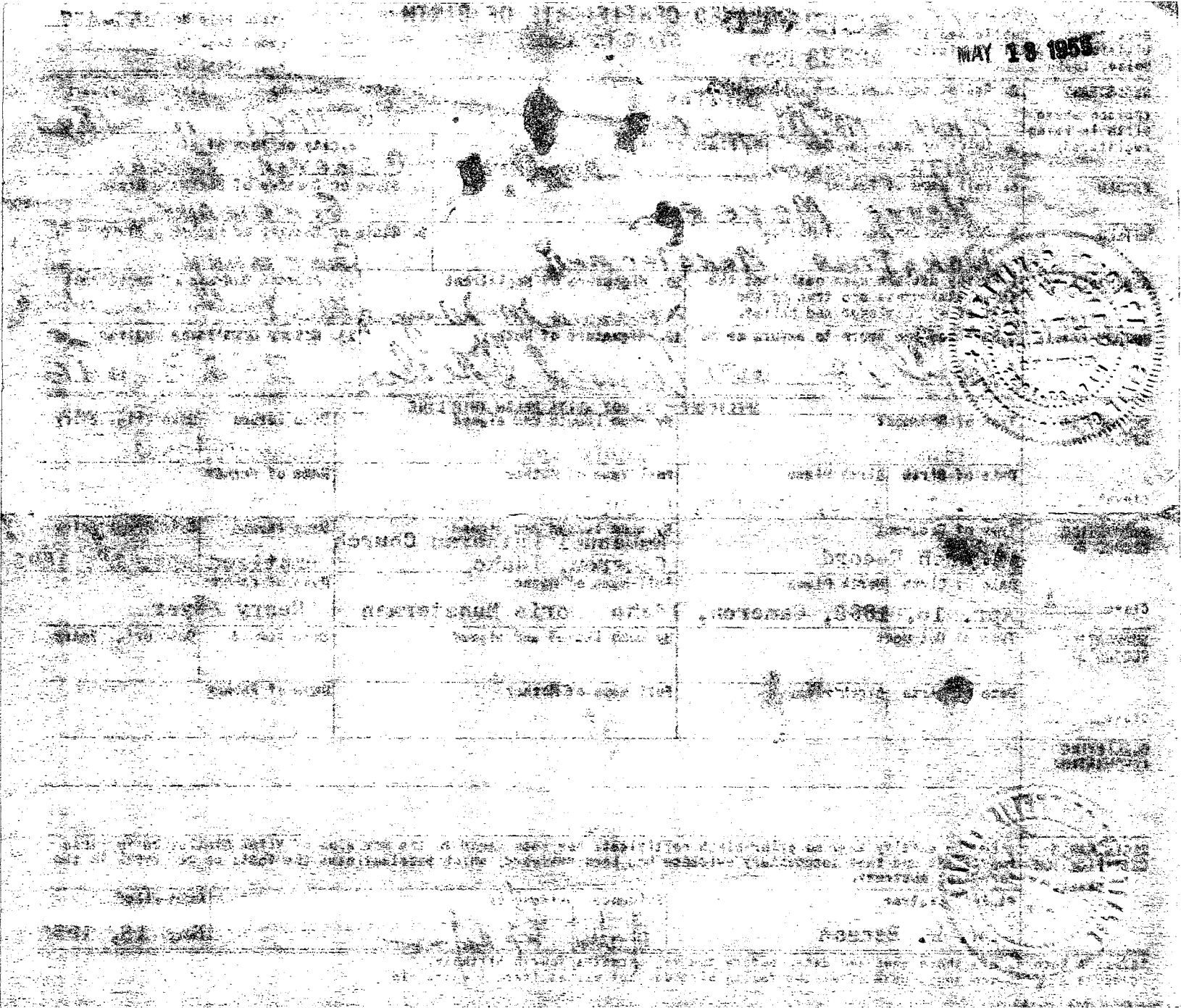
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by		By whom issued and signed: Minnie Koepp	Date Issued: March 21, 1955	Date Orig. Entry
Class* B	Date of Birth: Apr. 11,	Birth Place: 1893, Cameron,	Full Name of Mother: Idaho Doris Munsterman	Name of Father: Henry Meyer	
SUPPORTING RECORD 2.	Type of Document: Church Record		By whom issued and signed: Emmanuel Lutheran Church Cameron, Idaho	Date Issued: Baptized	Date Orig. Entry: Apr. 16, 1893
Class A	Date of Birth: Apr. 16,	Birth Place: 1893, Cameron,	Full Name of Mother: Idaho Doris Munsterman	Name of Father: Henry Meyer	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson		Evidence reviewed by: Mabel P Fuller	Date Filed: May 13, 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 18 1955



418-215-016-539

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1955
Division of Vital Statistics
STATE OF IDAHO

State File No. De55-511
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ida Lauretta Dahlquist
2. Date Of Birth (month) (day) (year): Jan. 15th 1893
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Cassia; b. City or Town of Birth: Oakley

FATHER

6. Full Name of Father: John W. Dahlquist
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Clara J. Elison
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ida La Rette Osterberg
11. Present Address of Registrant: Rt. 7 Box 1520 Modesto, California

NOTARY (Seal)

Subscribed and sworn to before me on: March 15th 1955

12. Signature of Notary: County Recorder
R.G. WARING RECORDER
BY [illegible] DEPUTY

13. Notary Commission expires: January 5 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Certificate of Baptism	L. D. S. Church	Baptized	July 27, 1901
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Jan. 15, 1893, Oakley, Idaho	Clara J. Elison	John W. Dahlquist	
SUPPORTING RECORD 2. Class B	Affidavit of birth by sister-	Clara Louise McMurray	Feb. 1, 1955	
	Jan. 15, 1893, Oakley, Ida.	Clara Josephine Elison	John W. Dahlquist	
SUPPORTING RECORD 3. Class B	School Record	Cassia County Schools	year 1914-1915	census
	20 yrs old	Clara Dahlquist		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Besnon	Mary Feder	May 26, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 26 1972

MAY 26 1955

694130-015-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED CERTIFICATE OF BIRTH

JUL 25 1955

Division of Vital Statistics

STATE OF IDAHO

State File No. De55-689
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarence Arthur Widaman		2. Date Of Birth (month) August (day) 30 (year) 1893
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gibbonsville b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: Charles Franklin Widaman		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Smith		9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarence A. Widaman	11. Present Address of Registrant: 1634 Dean Des Moines Iowa
NOTARY (Seal)	Subscribed and sworn to before me on: June 22 1955	12. Signature of Notary: Elson P Sanders	13. Notary Commission expires: July 4 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Army Discharge record	By whom issued and signed: U. S. Army	Date Issued:	Date Orig. Entry: enlisted May 20, 1918
Class* B	Date of Birth: 24 years	Birth Place: old - Gibbonsville Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: State Census Record	By whom issued and signed: Iowa State Dept. of History & Archives, Des Moines	Date Issued: 6-24-55	Date Orig. Entry: Census of 1895
Class A	Date of Birth: 1 year old *	Birth Place: Idaho	Full Name of Mother: Mary Widaman	Name of Father:
SUPPORTING RECORD 3.	Type of Document: certificate of marriage	By whom issued and signed: Spokane County, State of Washington	Date Issued: 7-1-55	Date Orig. Entry: August 25, 1918
Class B	Date of Birth: 24 years	Birth Place: old - Idaho	Full Name of Mother: Mary E. Smith	Name of Father: Charles Widaman

QUALIFYING INFORMATION

* in the 1895 census, ages are shown as given for the birthday in 1894

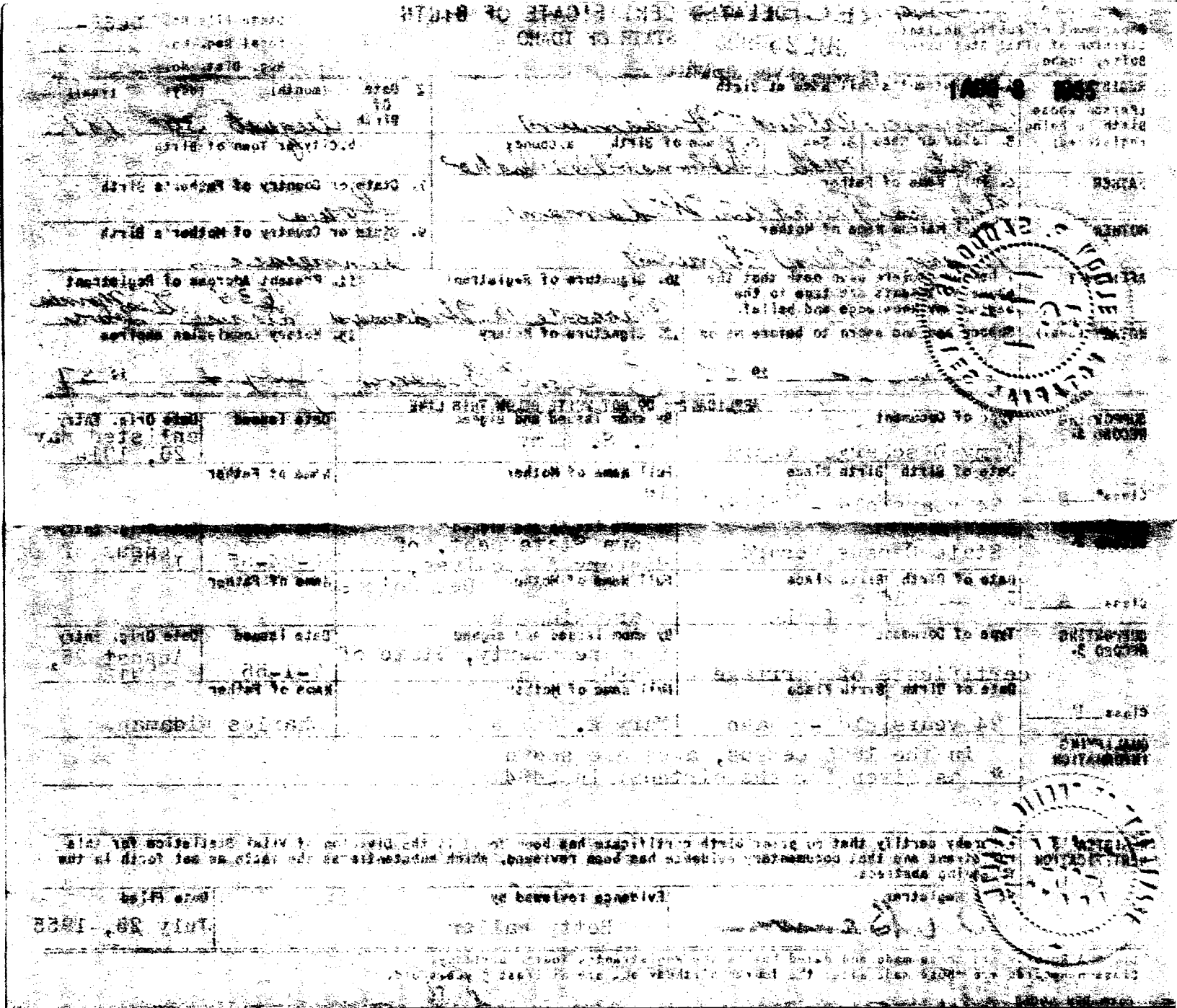
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	July 25, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



113-116-044-595

Department of Public Health
Division of Vital Statistics
Boise, Idaho.

RECEIVED
AUG 17 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-771
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name at Birth: Orville Jackson			2. Date of Birth: August 16 1893
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: Idaho / Washington	b. City or Town of Birth: Salubria Valley (Cambridge)
FATHER	6. Full Name of Father: George F. Jackson			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Florence Vreeland			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orville Jackson		11. Present Address of Registrant: Eagle, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 20 1955	12. Signature of Notary: Donald J. Patrick		13. Notary Commission expires: 3-16- 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: family record book	By whom issued and signed: record viewed by this office signed by Mrs. Florence Jackson	Date Issued:	Date Orig. Entry:
	Date of Birth: August 16, 1893 / Birth Place: Salubria Valley	Full Name of Mother: Florence Jackson	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: discharge record	By whom issued and signed: U. S. ARMY	Date Issued:	Date Orig. Entry: enlisted July 5, 1917
	Date of Birth: 23 years old / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: affidavit by neighbor	By whom issued and signed: Alice Webb Wallace	Date Issued: 8-15-55	Date Orig. Entry:
	Date of Birth: August, 1893 / Birth Place: Cambridge, Idaho	Full Name of Mother: Florence Vreeland	Name of Father: George F. Jackson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. L. Benson	Evidence reviewed by: bw Betty Waller	Date Filed: Aug. 22, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 28 1893

STATE OF IDAHO

CERTIFICATE OF BIRTH

Birth August 10 1893

Sierra Valley (Canyridge)

Indiana

Gregorio Vreeland

August 10, [illegible]

Gregorio Vreeland

[illegible]

[illegible]

385223-003-385

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED AUG 23 1955 Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-777
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: BERNICE MAY CHENEY
2. Date Of Birth (month) (day) (year): MAY 23 1893
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: POCATELLO BANNOCK
b. City or Town of Birth: IDAHO

FATHER

6. Full Name of Father: GEORGE W CHENEY
7. State or Country of Father's Birth: ILLINOIS U S A

MOTHER

8. Full Maiden Name of Mother: CASSIE CHENEY
9. State or Country of Mother's Birth: ILLINOIS U S A

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Bernice M. Berry
11. Present Address of Registrant: 11256 Erwin St. North Hollywood Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: August 15 1955

12. Signature of Notary: J P Miller
13. Notary Commission expires: My Commission Expires August 26 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Census Record	DEPARTMENT OF COMMERCE Bureau of the Census	7-30-55	
Class* B	Date of Birth: May 1893 / Birth Place: Idaho	Full Name of Mother: Cassie Cheney	Name of Father: George Cheney	
SUPPORTING RECORD 2.	letter re school record	LEADVILLE PUBLIC SCHOOLS Leadville, Colorado	4-4-55	entered school Sept. 1, 1900
Class B	Date of Birth: May 23, 1893 / Birth Place: Pocatello, Idaho	Full Name of Mother:	Name of Father: George Cheney	
SUPPORTING RECORD 3.	affidavit re marriage license application	STATE OF COLORADO County of Pitkin		November 17, 1917
Class B	Date of Birth: 24 years of age / Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

insurance application (letter re) Class B record - BENEFICIAL STANDARD LIFE INSURANCE CO. Los Angeles dated in 1951; birth date given as May 23, 1893

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W Benson	Betty Waller	Aug 23, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 30 1955

494205-029-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
SEP 2 1955
Division of Vital Statistics

State File No. De55-807
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Grace Eathel Drury
2. Date of Birth: (month) Mar. (day) 5 (year) 1893
3. Color or Race: White
4. Sex: Fem.
5. Place of Birth: a. County: Latah; b. City or Town of Birth: Kendrick

FATHER

6. Full Name of Father: George Edward Drury
7. State or Country of Father's Birth: Mankato, Wisconsin, USA.

MOTHER

8. Full Maiden Name of Mother: Lillie Mable Harrison
9. State or Country of Mother's Birth: Kansas, USA.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Grace E. Lilly
11. Present Address of Registrant: N.4004 Nevada St., Spokane, Washington

NOTARY (Seal)

Subscribed and sworn to before me on Aug. 17, 1955

12. Signature of Notary: L. Schmuck
13. Notary Commission expires: Jan. 29, 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	hospitalization record	SACRED HEART HOSPITAL Spokane 4, Washington	8-29-55	Jan 1-13, 1946
Class* B	Date of Birth: March 5 52 years old; Birth Place: Kendrick, Idaho	Full Name of Mother: Lilly Harrison	Name of Father: George Drury	
SUPPORTING RECORD 2.	affidavit by cousin	John G. Drury	8-18-55	
Class B	Date of Birth: March 5, 1893; Birth Place: Kendrick, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	insurance application	PACIFIC NATIONAL LIFE ASSURANCE CO. Salt Lake		6-4-45
Class B	Date of Birth: March 5, 1893; Birth Place: Kendrick, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. L. Bowman	Betty Waller	Sept. 2, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE FILE NO. 1950

1. Place of birth: Kendrick, Idaho
2. Date of birth: Dec. 7, 1955
3. Sex: Male
4. Color or race: White
5. Name of child: George Lawrence Murry
6. Date of birth: Dec. 7, 1955
7. City or town of birth: Kendrick
8. County of birth: Latah
9. Sex: Male
10. Color or race: White
11. Name of child: George Lawrence Murry
12. Date of birth: Dec. 7, 1955
13. City or town of birth: Kendrick
14. County of birth: Latah

PARENTAGE

15. Name of father: Leonard Murry
16. Birthplace of father: Kendrick, Idaho
17. Age of father at last birthday: 29
18. Color or race: White
19. Occupation of father: Logger
20. Name of mother: Virginia Lucille Murry
21. Birthplace of mother: Kendrick, Idaho
22. Age of mother at last birthday: 25
23. Color or race: White
24. Occupation of mother: Housewife

CERTIFICATION OF ATTENDANT

25. I hereby certify that I attended the birth of the child above named, that it was born alive at the time stated above, and that the facts stated above are true to the best of my knowledge and belief.
26. Signature of Attendant: Dr. Wm. Smith
27. Address: Kendrick, Idaho
28. Date signed: Dec. 7, 1955

CERTIFICATION OF PERSON IN CHARGE OF BIRTH

29. I hereby certify that I was present at the birth of the child above named, that it was born alive at the time stated above, and that the facts stated above are true to the best of my knowledge and belief.
30. Signature of Person in Charge of Birth: Mrs. Wm. Smith
31. Address: Kendrick, Idaho
32. Date signed: Dec. 7, 1955

CERTIFICATION OF PHYSICIAN OR MIDWIFE

33. I hereby certify that I attended the birth of the child above named, that it was born alive at the time stated above, and that the facts stated above are true to the best of my knowledge and belief.
34. Signature of Physician or Midwife: Dr. Wm. Smith
35. Address: Kendrick, Idaho
36. Date signed: Dec. 7, 1955

37. Name and address of person supplying information: Mrs. Wm. Smith, Kendrick, Idaho
38. Date information received: Dec. 7, 1955

REGISTRAR'S CERTIFICATE

I hereby certify that the above is a true and correct copy of the certificate of birth of the person therein named as filed in my office.

Date Issued: Dec. 7, 1955
Registrar: Betty Wallace

613-12-044-219

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-815
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JAMES ALBERT WALKER
2. Date of Birth: (month) April (day) 26 (year) 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Washington; b. City or Town of Birth: Wilburus

FATHER

6. Full Name of Father: William Huston Walker
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Emma Reta Barricks
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James Albert Walker
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: September 7 1955
12. Signature of Notary: Lee Edson
13. Notary Commission expires: March 25 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible Record (by Wife)	Bessie Mae Walker		1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 26, 1893	Wilburus, Ida.	Emma Reta Barricks	William Huston Walker

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
#43623 Child's birth Certificate	Div. of Vital Statistics Boise, Idaho		date of birth Nov. 24, 1916

Date of Birth	Birth Place	Full Name of Mother	Name of Father
23 yrs. old	Wilburus, Idaho		

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Am. Home Benefit Assoc.		Mar. 10, 1948

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 26, 1893			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joanne Hallstrom	9/7/55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 8 1955

354-212-014-841

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-836
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: BERTHA ANN LeMASTER

2. Date of Birth: (month) March (day) 12 (year) 1893

3. Color or Race: white

4. Sex: female

5. Place of Birth: a. County: Idaho — b. City or Town of Birth: Canyon — Notus

FATHER

6. Full Name of Father: William LeMaster

7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Zada A. Qualls

9. State or Country of Mother's Birth: Arkansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: ×Bertha Ann LeMaster

11. Present Address of Registrant: 406 Alisky Bldg. Portland, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on Sept. 14 19 55

12. Signature of Notary: Irene Farmer

13. Notary Commission expires: NOTARY PUBLIC FOR OREGON ~~My Commission Expires Aug. 8, 1957~~

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: affidavit by mother
By whom issued and signed: Zada A. White
Date Issued: 1-12-45
Date Orig. Entry:

Class* B
Date of Birth: March 12, 1893
Birth Place: Notus, Idaho Canyon County
Full Name of Mother: Zada A. Qualls
Name of Father: William LeMaster

SUPPORTING RECORD 2.

Type of Document: Social Security Record
By whom issued and signed: Social Security Board Federal Security Agency
Date Issued:
Date Orig. Entry: February 3, 1943

Class B
Date of Birth: March 12, 1893
Birth Place: Notus, Idaho
Full Name of Mother: Zada Anna Qualls
Name of Father: William LeMaster

SUPPORTING RECORD 3.

Type of Document: school record
By whom issued and signed: BOISE PUBLIC SCHOOLS Boise, Idaho
Date Issued: 9-27-50
Date Orig. Entry: school year 1903-04

Class B
Date of Birth: 10 yrs. old at enrollment
Birth Place:
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

identification card for employment — Williamette Iron & Steel Corp. (U.S. COAST GUARD)

issued 6-30-44 - gives age as 51 at that time; birthplace, Idaho

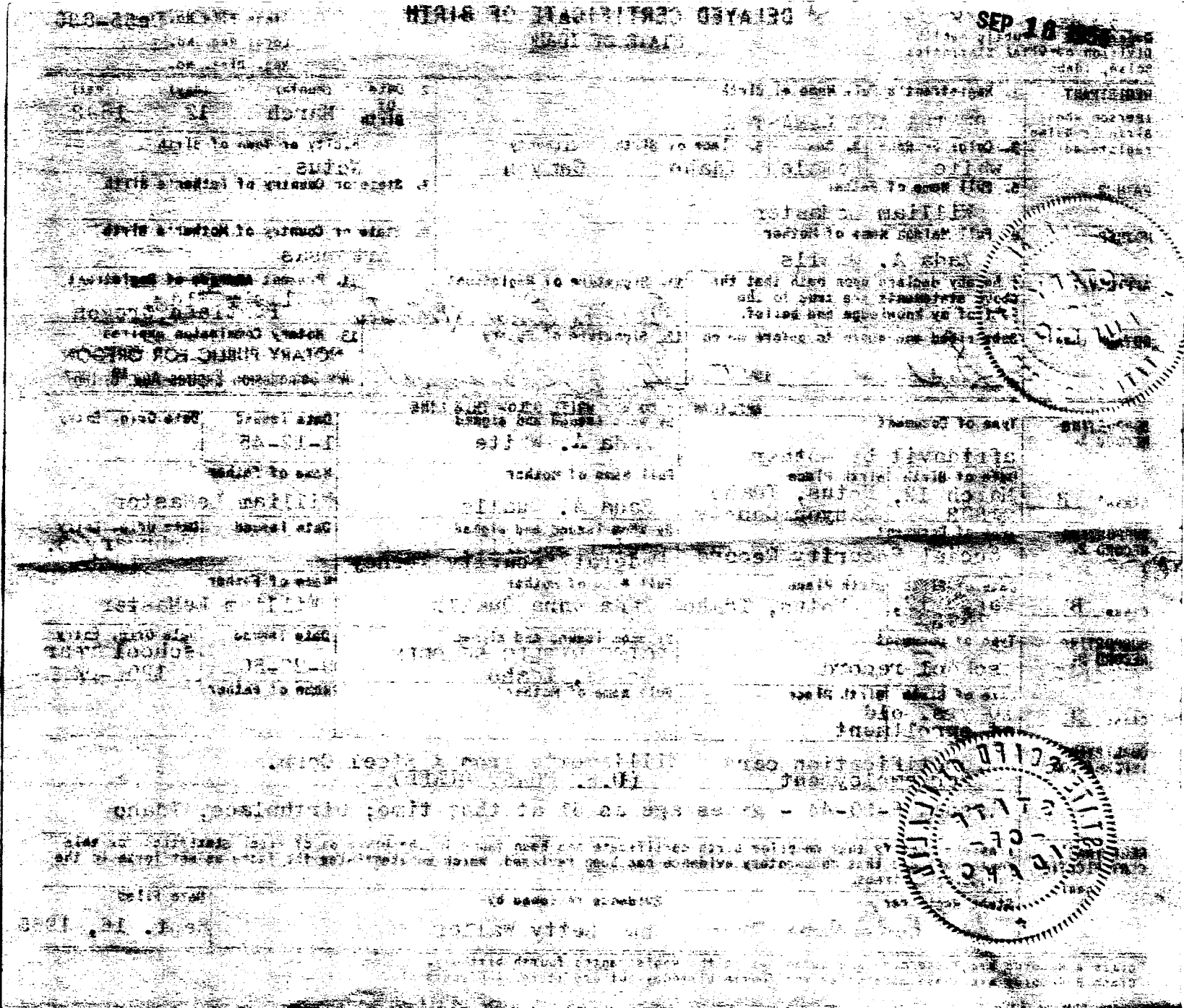
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: bw W Banon
Evidence reviewed by: bw Betty Waller
Date Filed: Sept. 16, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH-H0063



736202-029-236

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE ~~OF~~ IDAHO

State File No. ~~De55-848~~
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JESSIE WANEMAH GLOVER
2. Date Of Birth: (month) June (day) 2 (year) 1893
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Latah; b. City or Town of Birth: Genesee

FATHER

6. Full Name of Father: Michael D. Glover
7. State or Country of Father's Birth: Glasco, Kentucky

MOTHER

8. Full Maiden Name of Mother: Nellie Mabel Scoggin
9. State or Country of Mother's Birth: Lincoln, Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jessie W. Snow
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: 26th day Sept 1955
12. Signature of Notary: W. W. Benson
13. Notary Commission expires: 1 Aug 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	voting registration	55 years old	Idaho	STATE OF WASHINGTON County of Spokane		7-19-55		October 2, 1948
SUPPORTING RECORD 2. Class B	marriage certificate	20 years old	Idaho	WASHINGTON STATE BOARD OF HEALTH	Nellie Scoggin	4-10-52	M.D. Glover	October 20, 1913
SUPPORTING RECORD 3. Class B	hospital record	36 years old		ST. LUKE'S HOSPITAL Boise, Idaho		5-14-52		July 9, 1931

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Betty Waller
Date Filed: Sept. 26, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 26 1955

753-209-028-753

Department of Public Health
Division of Vital Statistics
Boise, Idaho

APR 23 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D55-857
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Goldie Peterson			2. Date Of Birth (month) April (day) 9 (year) 1893
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Seneaguoteen Precinct
FATHER	6. Full Name of Father: Andrew Christ Peterson			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Hilda Peterson			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Goldie Peterson Steendwold		11. Present Address of Registrant: Valier Montana
NOTARY (Seal)	Subscribed and sworn to before me on: April 20 1955	12. Signature of Notary: Baker		13. Notary Commission expires: Jan. 20 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: census of 1900	Date Orig. Entry
Class* A	Date of Birth / Birth Place: 7 yrs old, Apr. 1893, Birthplace, Idaho	Full Name of Mother: Hilda &	Name of Father: Andrew C. Peterson	
SUPPORTING RECORD 2.	Type of Document: School Census	By whom issued and signed: Bonner County School Dist. 82, Sandpoint, Idaho	Date Issued: Year	Date Orig. Entry: Sept. 1910
Class B	Date of Birth / Birth Place: 17 yrs old	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: school record	By whom issued and signed: SACRED HEART SCHOOL OF NURSING, Spokane, Wash.	Date Issued: 9-1-55	Date Orig. Entry: entered Feb. 23, 1920
Class B	Date of Birth: April 9, 1893 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION: affidavit by friend of family, Mrs. James Crockett, issued 9-16-55. Born April 9, 1893 in Kootenai County, Idaho, daughter of Andrew Christ Peterson and Hilda Peterson

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Betty Waller	Sept. 27, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

3/4204.029-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-860
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: KATIE MAHALEY CAMP
2. Date of Birth: January 4 1893
3. Color or Race: white
4. Sex: female
5. Place of Birth: Idaho
a. County: Latah
b. City or Town of Birth: Moscow

FATHER

6. Full Name of Father: Elva Marshall Camp
7. State or Country of Father's Birth: Springfield, Illinois

MOTHER

8. Full Maiden Name of Mother: Jamima Anna Walker
9. State or Country of Mother's Birth: Sullivan County, Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Katie Mahaley Camp Sunday
11. Present Address of Registrant: 6436 N. E. 22 ave Portland 11 - Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 22 nd 1955
12. Signature of Notary: Jessie B. Glen
13. Notary Commission expires: Mar 7 th 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1. Class* A	Bible Record	January 4, 1893		family Bible of Elva and Jemima Camp viewed by this office	Jemima A. Walker		near time of birth	Elva M. Camp
SUPPORTING RECORD 2. Class B	affidavit by brother	January 4, 1893		Charley W. Camp		9-22-55		
SUPPORTING RECORD 3. Class B	employment statement re record	January 4, 1893	Moscow, Idaho	APPLE GROWERS ASSOCIATION Hood River, Oregon		9-14-55	October 18, 1935	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Betty Waller
Date Filed: Sept. 27, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 27 1955

231-203-029-415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 23 1955
Bureau of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-875
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name: Mabel Gladis Blake

2. Date Of Birth (month) August (day) 3rd (year) 1893

3. Color or Race: White

4. Sex: Female

5. Place of Birth a. County: Kendrick Latah

b. City or Town of Birth: Kendrick, Idaho

FATHER

6. Full Name of Father: Edwin W. Blake

7. State or Country of Father's Birth: Quebec, Canada

MOTHER

8. Full Maiden Name of Mother: Minnie E. Davies

9. State or Country of Mother's Birth: Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mabel Gladis Blake

11. Present Address of Registrant: 1436 G St., Lewiston, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: August 22 1955

12. Signature of Notary: Lawilson

13. Notary Commission expires: June 19 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: affidavit by friend of family

By whom issued and signed: Maud Frazier

Date Issued: 8-19-55

Date Orig. Entry:

Class* B

Date of Birth: August 3, 1893

Birth Place: Kendrick, Idaho

Full Name of Mother: Minnie E. Davies

Name of Father: Edwin W. Blake

SUPPORTING RECORD 2.

Type of Document: letter re hospital record

By whom issued and signed: ST. JOSEPH'S HOSPITAL Lewiston, Idaho

Date Issued: 9-28-55

Date Orig. Entry: November 30, 1919

Class B

Date of Birth: 26 years old

Birth Place:

Full Name of Mother:

Name of Father:

SUPPORTING RECORD 3.

Type of Document: voter's registration

By whom issued and signed: County Clerk Clearwater Co. Orofino Idaho

Date Issued: 9-6-55

Date Orig. Entry: June 26, 1926

Class B

Date of Birth: 32 years old

Birth Place: Idaho

Full Name of Mother:

Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]

Evidence reviewed by: bw Betty Waller

Date Filed: October 4, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PRH #0067



553228-021-753

Department of Public Health
Division of Vital Statistics
Boise, Idaho

OCT 10 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-887
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Anna Myrtle Nelson
2. Date of Birth (month) May (day) 28 (year) 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Mink Creek, Franklin
b. City or Town of Birth: Mink Creek, Idaho

FATHER

6. Full Name of Father: Lars C. Nelson
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Anna Matilda Peterson
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Anna N. Erickson Schwieder
11. Present Address of Registrant: 371 3rd St. Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 8 1955
12. Signature of Notary: Lorin L. Ward
13. Notary Commission expires: June 8 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	daughter's birth certificate	27 years old	Mink Creek, Idaho	STATE OF IDAHO #82963				child born Aug. 14, 1920
SUPPORTING RECORD 2. Class B	insurance application	May 28, 1893	Mink Creek, Idaho	BENEFICIAL LIFE INSURANCE CO. Salt Lake, #187997				November 27, 1938
SUPPORTING RECORD 3. Class B	affidavit by uncle	May 28, 1893	Mink Creek, Idaho	Emil Peterson	Anna Matilda Peterson	10-8-55	Lars C. Nelson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: D. W. Benson
Evidence reviewed by: Betty Waller
Date Filed: October 10, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

83-230-025-165

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-952
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irma Gertrude Halford		2. Date Of Birth: (month) April (day) 30 (year) 1893	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Grangeville
FATHER	6. Full Name of Father: John Halford		7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Clara Viola Jones		9. State or Country of Mother's Birth: Madison, Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irma G. Halford	11. Present Address of Registrant: Grangeville, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: October 1 1955	12. Signature of Notary: Warren R Parks.	13. Notary Commission expires: February 18 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by half-sister		By whom issued and signed: George A. Parks	Date Issued: 10-1-55	Date Orig. Entry:
Class* B	Date of Birth: April 30 1893	Birth Place: Grangeville Idaho	Full Name of Mother: Clara Viola Jones	Name of Father: John Halford	
SUPPORTING RECORD 2.	Type of Document: Bible Record		By whom issued and signed: viewed by Warren Parks, Notary Public, Idaho	Date Issued:	Date Orig. Entry:
Class A	Date of Birth: April 30 1893	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Idaho Resident Fish License		By whom issued and signed: STATE OF IDAHO T. B. Murray, Director,	Date Issued:	Date Orig. Entry: year of 1950
Class B	Date of Birth: 57 years old	Birth Place:	Full Name of Mother: Fish & Game Dept.	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. Boman	Betty Waller	November 1 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 8 1955

781-109-003-394

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-956
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Porter Graves
2. Date of Birth (month) (day) (year): April 9, 1893
3. Color or Race: white
4. Sex: M
5. Place of Birth a. County: Idaho, Bannock
b. City or Town of Birth: Pocatello, Idaho

FATHER

6. Full Name of Father: Clayborn Graves (NMN)
7. State or Country of Father's Birth: Virginia

MOTHER

8. Full Maiden Name of Mother: Jessie Crum (NMN)
9. State or Country of Mother's Birth: Scotland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Porter Graves
11. Present Address of Registrant: 310 S Hayes

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 15 1955
12. Signature of Notary: Bert M Dann
13. Notary Commission expires: 2-6 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: newspaper item (40 years ago column)
By whom issued and signed: POCATELLO TRIBRUNE Pocatello, Idaho
Date Issued: January 1948
Date Orig. Entry: January 9, 1908
Class*: B
Date of Birth: 14 years old
Birth Place:
Full Name of Mother:
Name of Father: C. P. Graves

SUPPORTING RECORD 2.

Type of Document: employment record certificate of service
By whom issued and signed: UNION PACIFIC SYSTEM
Date Issued:
Date Orig. Entry: August 1, 1918
Class: B
Date of Birth: April 9 1893
Birth Place:
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document: military record
By whom issued and signed: U. S. ARMY
Date Issued:
Date Orig. Entry: inducted Aug. 5, 1918
Class: B
Date of Birth: 25 years 4 months
Birth Place: Pocatello, Idaho
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W L Benson
Evidence reviewed by: Betty Waller
Date Filed: November 3 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



395-20-4044-663

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 25 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55- 964
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jennie Tindell		2. Date Of Birth (month) June (day) 4th (year) 1893
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho, Washington — City or Town of Birth: Cambridge or Columbia
FATHER	6. Full Name of Father: James William Tindell		7. State or Country of Father's Birth: Texas
MOTHER	8. Full Maiden Name of Mother: Norah Holbrook		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jennie Tindell Stump	11. Present Address of Registrant: 3303 Telegraph Rd, Ventura Calif
NOTARY (Seal)	Subscribed and sworn to before me on 7-22-55 19	12. Signature of Notary: George A. Barrett	13. Notary Commission expires: 11-20 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	affidavit by uncle	Eugene Holbrook	7-18-55	
Class* B	**Date of Birth** / **Birth Place**: June 4, 1893 - Wash. Co., State of Idaho	**Full Name of Mother**: Norah Holbrook	**Name of Father**: James William Tindell	
SUPPORTING RECORD 2.	census record	DEPARTMENT OF COMMERCE Bureau of the Census	9-26-55	Census of 1900, June 1
Class B	**Date of Birth** / **Birth Place**: June, 1893 6 years old / Idaho	**Full Name of Mother**: Nora Tindell	**Name of Father**: James W. Tindell	
SUPPORTING RECORD 3.	Hospital Record	Foster Memorial Hospital Ventura, California		Hospitalized March 24,1944
Class B	**Date of Birth** / **Birth Place**: June 4,1893	**Full Name of Mother**	**Name of Father**	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: bw Betty Waller	Date Filed: Nov. 4, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 8 1965

3542-08-029-493

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-976
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Forest Fern Leasure
2. Date of Birth (month) (day) (year): May 8 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Idaho, Latah
b. City or Town of Birth:

FATHER

6. Full Name of Father: Cyrus William Leasure
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Della Hunt Millikin
9. State or Country of Mother's Birth: Franklin Co, Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fern L Fruse
11. Present Address of Registrant: 938 Grandview St, Los Angeles Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: August 2 1955

12. Signature of Notary: Nellie Doyle
13. Notary Commission expires: My Commission Expires March 19, 1958 / My Commission Expires March 19, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	employment record STATEMENT RE	LONG BEACH PUBLIC SCHOOLS Long Beach, California	6-26-55	June 19, 1925
Class* B	Date of Birth: May 8, 1893 — Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	affidavit by mother	Della Hunt Leasure	8-2-55	
Class B	Date of Birth: May 8 1893 — Birth Place: Latah County Idaho	Full Name of Mother: Della Hunt Leasure	Name of Father:	
SUPPORTING RECORD 3.	insurance application	CONSTITUTION LIFE INSURANCE CO. #209386	7-26-55	August 30 1954
Class B	Date of Birth: May 8 1893 — Birth Place: Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

statement re: school redord; EASTERN WASHINGTON COLLEGE OF EDUCATION Cheney, Washington - issued 10-10-55

birth date: May 8, 1893

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Brown	Betty Waller	November 14 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 15 1955

365-21-029-469

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1033
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DELLA EMALINE LONG
2. Date Of Birth: (month) June (day) 11 (year) 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Latah County; b. City or Town of Birth:

FATHER

6. Full Name of Father: John James Long
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Mabel Moreland
9. State or Country of Mother's Birth: Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Della E Neal
11. Present Address of Registrant: 9 South Gum Street, North Vernon, Indiana

NOTARY (Seal)

Subscribed and sworn to before me on: November 16 1955
12. Signature of Notary: Gladys L. McCallen
13. Notary Commission expires: Sept. 1 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Bible record	viewed by Vera Burnett Notary, State of Oklahoma	11-10-55	
	Date of Birth June 11 1893	**Birth Place**	**Full Name of Mother**	**Name of Father**
SUPPORTING RECORD 2. Class B	affidavit by mother	Mabel Long	11-3-55	
	June 11 1893	Latah County Idaho	Mabel Moreland	John James Long
SUPPORTING RECORD 3. Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W L Benson
Evidence reviewed by: Betty Waller
Date Filed: November 29 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

45655F

Form DPH 49067

219-24-001-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1042
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: NELLIE SAILOR

2. Date of Birth (month) September (day) 11 (year) 1893

3. Color or Race: white

4. Sex: female

5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Jesse Sailor

7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Elizabeth Smith

9. State or Country of Mother's Birth: Tennessee

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nellie Perryman

11. Present Address of Registrant: 875 Lyon Lane, Alameda Idaho

NOTARY (Seal)

Subscribed and sworn to before me on November 16 1955

12. Signature of Notary: M. Elsie Green, Notary Public for Ada County, Idaho

13. Notary Commission expires: 11/18/57 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
daughter's birth certificate	STATE OF IDAHO #57152		child born February 17, 1918
Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
24 years old	Idaho		

SUPPORTING RECORD 2. Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by older sister	Maud Sailor Baker	10-14-55	
Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
September 11, 1893	Boise, Idaho	Elizabeth Sailor	Jesse Sailor

SUPPORTING RECORD 3. Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
insurance application	IDAHO MUTUAL BENEFIT ASSOCIATION: Boise		1942
Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
September 11, 1893	Boise, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

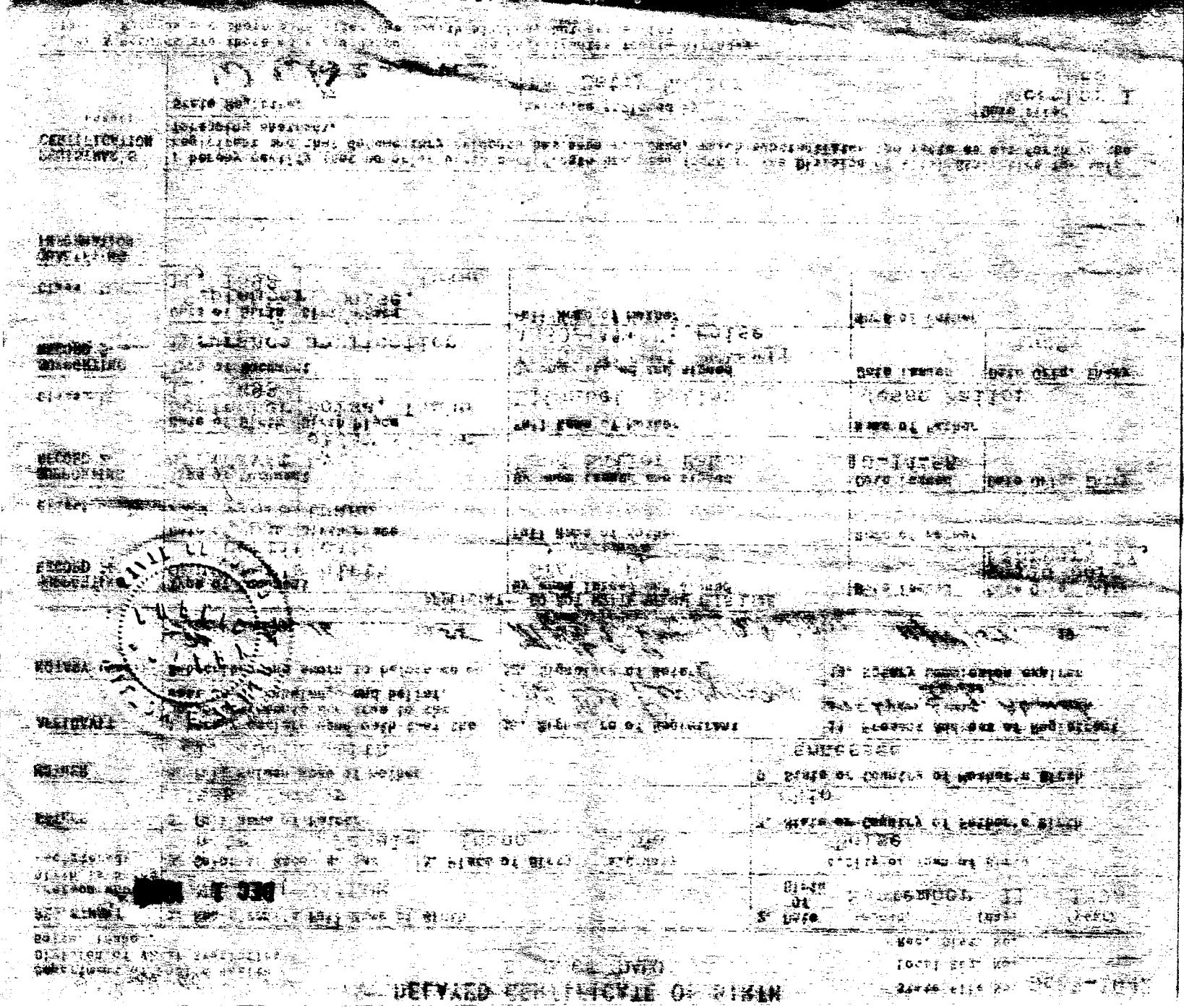
State Registrar: W W Beeson

Evidence reviewed by: bw Betty Waller

Date Filed: December 1 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 10067



664-212.001-493

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1050
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WINIFRED FOUCH			2. Date of Birth (month) (day) (year): February 12 1893
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho Ada	b. City or Town of Birth: Star
FATHER	6. Full Name of Father: Frank R. Fouch			7. State or Country of Father's Birth: Star, Idaho
MOTHER	8. Full Maiden Name of Mother: Altha Elizabeth Mitchell			9. State or Country of Mother's Birth: Knoxville, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Winifred Fouch Westfall		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 2 1955	12. Signature of Notary: Nina R. Carroll		13. Notary Commission expires: 4-5 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: daughter's birth certificate	By whom issued and signed: STATE OF IDAHO #86531		Date Issued:	Date Orig. Entry: child born Jan. 18, 1921
	Date of Birth: 27 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: statement re lodge record	By whom issued and signed: RUBY REBEKAH LODGE NO. 49, Parma, Idaho		Date Issued: 11-19-55	Date Orig. Entry: joined June 8, 1912
	Date of Birth: 19 years old	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: affidavit by aunt	By whom issued and signed: Lucy Mitchell Parma, Idaho		Date Issued: 11-9-55	Date Orig. Entry:
	Date of Birth: February 12, 1893	Birth Place: Star, Idaho Ada County	Full Name of Mother: Altha Elizabeth Mitchell	Name of Father: Frank R. Fouch	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: December 2 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

DEC 18 1956

1. NAME	2. Sex
3. Date of Birth	4. Place of Birth
5. Name of Father	6. Maiden Name of Mother
7. Residence of Parents	8. Color or Race of Father
9. Age of Father at Last Birthday	10. Birthplace of Father
11. Color or Race of Mother	12. Age of Mother at Last Birthday
13. Birthplace of Mother	14. Number of Children of This Mother
15. Informant	16. Address
17. Date Filed	18. Registrar

I hereby certify that the above is a true and correct copy of the record of birth of the person named herein as filed in this office.

Date Issued

Registrar

312-215022-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1055
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JANETTIE MALINDA CASPER
2. Date Of Birth (month) (day) (year): March 15 1893
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: MENAN, Ida. Freemont
b. City or Town of Birth: Menan Idaho

FATHER

6. Full Name of Father: Duncan Alonzo Casper
7. State or Country of Father's Birth: Missouri U.S.

MOTHER

8. Full Maiden Name of Mother: Lucy Elizabeth Card
9. State or Country of Mother's Birth: Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Janettie M. Jordon (Janettie Malinda Casper)
11. Present Address of Registrant: Coolidge Ave. San Martin Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: Nov 15 1955
12. Signature of Notary: Margie F. Jurgen
13. Notary Commission expires: My commission expires [illegible] 3, 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	employment record	GENERAL SERVICES ADMINISTRATION Federal Records Center	2-7-55	employed May 22, 1943 to 6-30-50
Class* B	Date of Birth: March 15 1893 / Birth Place: Menan, Idaho	Full Name of Mother: Lucy Elizabeth Card	Name of Father: Duncan Alonzo Casper	
SUPPORTING RECORD 2.	census record	DEPARTMENT OF COMMERCE Bureau of the Census	3-25-55	Census of 1900, June 1
Class B	Date of Birth: March, 1893 7 years old / Birth Place: Idaho	Full Name of Mother: Lucy E. Casper	Name of Father: Duncan A. Casper	
SUPPORTING RECORD 3.	statement re school record	RICKS COLLEGE Rexburg, Idaho	1-21-55	entered 9-17-08
Class B	Date of Birth: March 15 1893 / Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

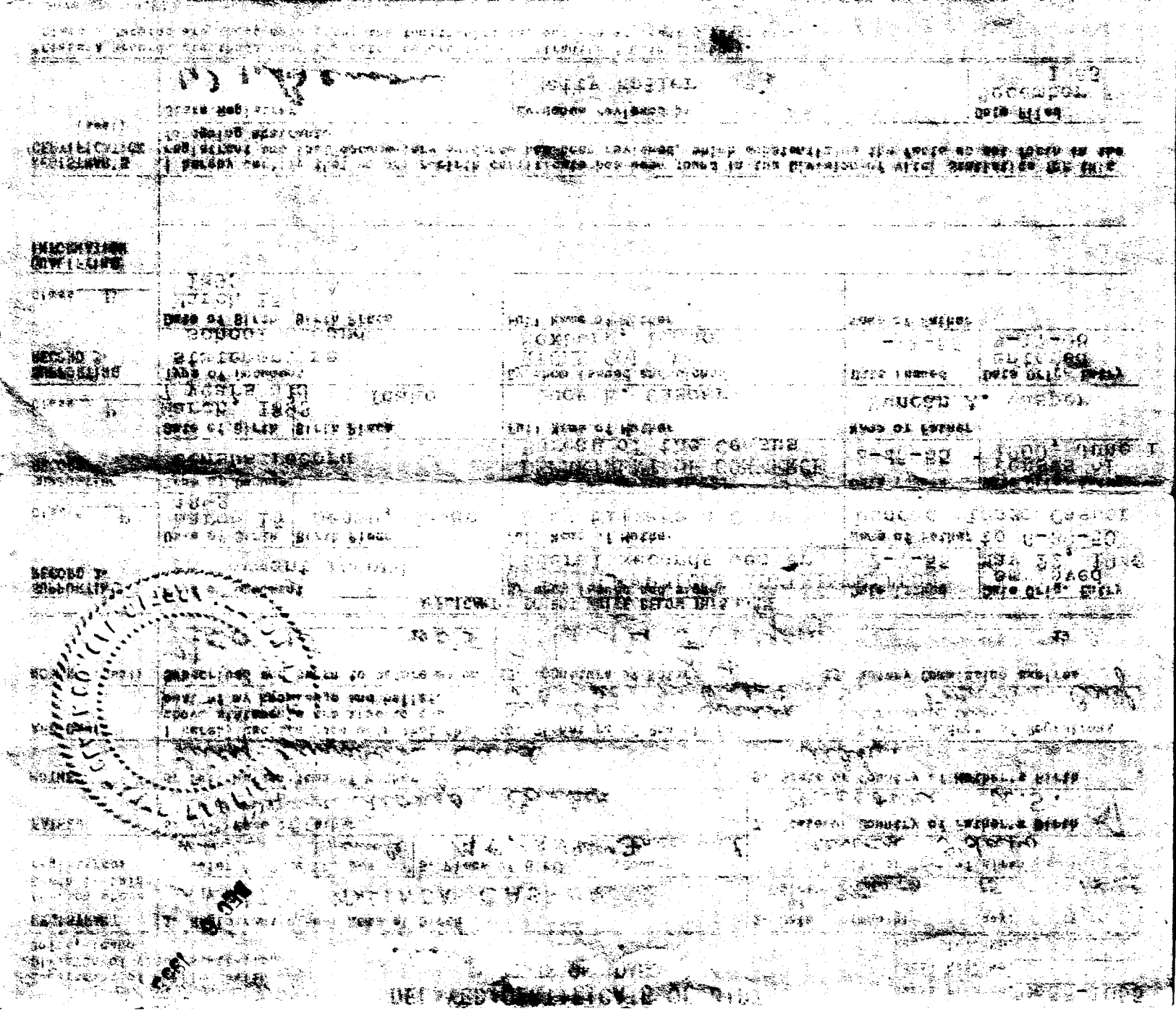
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	Betty Waller	December 5 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



959-219-019-79855 11

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1097
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FLORENCE IVIE			2. Date of Birth (month) April (day) 19 (year) 1893	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho Custer	b. City or Town of Birth: Mackey	
FATHER	6. Full Name of Father: Ace Ivie			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Catherine Green			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence I. Kessinger		11. Present Address of Registrant: 1616 W. Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: December 21 1955	12. Signature of Notary: W W Benson		13. Notary Commission expires: 8-1-1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: son's birth certificate	By whom issued and signed: STATE OF IDAHO #297931		Date Issued: 8-29-40	Date Orig. Entry: child born May 12, 1916
Class* B	Date of Birth: 23 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: insurance policy	By whom issued and signed: NEIGHBORS OF WOODCRAFT #158232		Date Issued:	Date Orig. Entry: July 5, 1923
Class B	Date of Birth: 30 years old	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Statement by Doctors	By whom issued and signed: Drs. Cowan and Nielsen 606 Medical Arts Bldg. Salt Lake		Date Issued: Dec. 12, 1955	Date Orig. Entry: Apr. 28, 1939
Class B	Date of Birth: Age 46	Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION: newspaper clipping from paper published in Mackey, Idaho; Florence Ivie married to Oscar W. Kessinger on September 23, 1910; states that she was under age; gives parents names as Mr. and Mrs. A. C. Ivie

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw	December 20, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PBH 40067

37511

DELAYED CERTIFICATE

FILE NO. 105

239110-009-415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-023
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARTIN ELMER STRATTON		2. Date of Birth (month) July (day) 10 (year) 1893	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: HOPE	b. City or Town of Birth: HOPE
FATHER	6. Full Name of Father: CHARLES ELMER STRATTON		7. State or Country of Father's Birth: MINN.	
MOTHER	8. Full Maiden Name of Mother: FRANCES DANIELS		9. State or Country of Mother's Birth: PROVO UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Martin Elmer Stratton	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: SEPT 23 1955	12. Signature of Notary: Kenneth V. Tallman	13. Notary Commission expires: MAY 17 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: APPLICATION FOR REGISTRATION -- Native Citizen	By whom issued and signed: UNITED STATES DEPARTMENT OF STATE	Date Issued:	Date Orig. Entry: June 17 1918
Class* B	Date of Birth: July 10 1893	Birth Place: Hope, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: STATEMENT RE SCHOOL RECORD	By whom issued and signed: SEATTLE PUBLIC SCHOOLS Seattle 9, Washington	Date Issued: 12-22-54	Date Orig. Entry: entered school Sept., 1899
Class B	Date of Birth: 6 years old	Birth Place: Hope, Idaho	Full Name of Mother:	Name of Father: C. E. Stratton
SUPPORTING RECORD 3.	Type of Document: CENSUS RECORD	By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census	Date Issued: 9-19-55	Date Orig. Entry: Census of 1900 June 1
Class B	Date of Birth: 6 years old	Birth Place: Idaho	Full Name of Mother: Frances Stratton	Name of Father: Charles E. Stratton
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	Betty Waller	January 16 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 10 1958

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769-22 40 44-855

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-050
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lucinda Jane Points
2. Date of Birth (month) (day) (year): December 24th 1893
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: ~~Salubria~~ Idaho Washington
b. City or Town of Birth: Salubria

FATHER

6. Full Name of Father: Charles Lenoir Points
7. State or Country of Father's Birth: Indiana USA

MOTHER

8. Full Maiden Name of Mother: Martha Malinda Henshaw
9. State or Country of Mother's Birth: Missouri, USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucinda Jane Bipes
11. Present Address of Registrant: 421 SE 3rd St. Beaverton, Ore

NOTARY (Seal)

Subscribed and sworn to before me on: April 25th 1955

12. Signature of Notary: John Long

13. Notary Commission expires: 11/16 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Voters Registration Card	State Of Oregon	May 27,1955	Feb.20,1952
Class* B	Date of Birth: Age 58 / Birth Place: Salubria, Idaho	Full Name of Mother: Martha M. Points	Name of Father: Charles L. Points	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Division of Vital Statistics State of Idaho # 287622	Date Issued: Mar 19,1918	Date Orig. Entry: March 19,1918
Class B	Date of Birth: Age 24 / Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Family Record — Original record viewed by this office.	By whom issued and signed: Charles Lenoir Points–Parents Martha Malinda Henshaw	Date Issued	Date Orig. Entry: Near time of birth
Class B	Date of Birth: Dec.24,1893 / Birth Place	Full Name of Mother: Martha Malinda Henshaw	Name of Father: Charles Lenoir Points	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Bence	Verna Reisch	January 13, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 16

366220-044-141

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-080
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irene Edith Looney		2. Date Of Birth (month) (day) (year): May 20, 1893
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Salubria — Washington; b. City or Town of Birth: Salubria, Idaho
FATHER	6. Full Name of Father: Lorenzo Dow Looney		7. State or Country of Father's Birth: Virginia - Creg County
MOTHER	8. Full Maiden Name of Mother: Mary Jane Adams		9. State or Country of Mother's Birth: Cornwell, England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irene Edith Looney	11. Present Address of Registrant: 3509 State St. Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 31 1956	12. Signature of Notary: Irene Elson	13. Notary Commission expires: March 25 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate	By whom issued and signed: On file in Idaho #94143	Date Issued: July 27, 1921	Date Orig. Entry: 7/27/1921
Class* B	Date of Birth: Age 28	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Father- L. D. Looney	Date Issued: April 13, 1903	Date Orig. Entry: Apr. 13, 1903
Class A	Date of Birth: May 20, 1893	Birth Place: Salubria, Idaho	Full Name of Mother: M. J. Looney	Name of Father: L. D. Looney
SUPPORTING RECORD 3.	Type of Document: 518-24-8647 Social Security Record	By whom issued and signed: Internal Revenue Service Treasury Department	Date Issued: Mar. 1, 1943	Date Orig. Entry: Mar. 1, 1943
Class B	Date of Birth: May 20, 1893	Birth Place: Salubria, Idaho	Full Name of Mother: Mary Jane Adams	Name of Father: Lorenzo Dow Looney
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. L. Benson	Evidence reviewed by: Verna Reisch	Date Filed: February 1, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 1 1956

REGISTRANT — 1. Registrant's Full Name at Birth

2. Date of Birth (month) MAY (day) 20 (year) 1923

3. Color or Race — 4. Sex — 5. Place of Birth (County) — (City or Town) Salmon

6. Full Name of Father

7. State or Country of Father's Birth

MOTHER — 8. Full Maiden Name of Mother

9. State or Country of Mother's Birth

AFFIDAVIT — I hereby swear or affirm that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

NOTARY (Seal) — Subscribed and sworn to before me this ____ day of ____, 19__

12. Signature of Notary

13. Notary Commission expires

SUPPORTING RECORD A — Type of Document — By whom issued and signed — Date issued

Date of Birth Birth Place — Full Name at Birth — Name of Father

SUPPORTING RECORD B — Type of Document — By whom issued and signed — Date issued

Date of Birth Birth Place — Full Name at Birth — Name of Father

QUALIFYING INFORMATION — Date of Birth Birth Place — Full Name at Birth — Name of Father

CERTIFICATION — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the statements above.

State Registrar — Evidence Received — Date Filed

Clerk's Records are more complete than ours.

433-22-7028-799

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-110
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helena Mary McCammon
2. Date of Birth (month) June (day) 27 (year) 1893
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Kootenai; b. City or Town of Birth: Coeur d Alene

FATHER

6. Full Name of Father: Ellis Mc Cammon
7. State or Country of Father's Birth: Ireland

MOTHER

8. Full Maiden Name of Mother: Mary Elizabeth Grist
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helena Mary McCammon (Mrs. Reason)
11. Present Address of Registrant: 19 N. Bernard, Spokane, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on Jan. 19 1956

12. Signature of Notary: Ada G. Hughes
13. Notary Commission expires: May 14, 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SOCIAL SECURITY RECORD #533-03-4351	TREASURY DEPARTMENT Internal Revenue Service		November 27 1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 27 1893	Coeur d'Alene Idaho	Mary Elizabeth Grist	Ellis McCammon

SUPPORTING RECORD 2. Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
PHYSICIAN'S RECORD	MARY A. MACMILLIAN-RODNEY, M.D. Spokane, Washington	1-10-56	April 15 1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
53 years old			

SUPPORTING RECORD 3. Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
AFFIDAVIT BY OLDER BROTHER	R. W. McCammon LaCenter, Washington	1-12-56	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 27 1893	Coeur d'Alene, Idaho Kootenai County	Mary Elizabeth Grist	Ellis McCammon

QUALIFYING INFORMATION

APPLICATION FOR INSURANCE — PRUDENTIAL INSURANCE CO. OF AMERICA #M8 385 923 — signed 8-10-44 — birth date: June 27, 1893

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
L. W. Benson	Betty Waller	February 2 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 2 1956

319-222-022-154

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-216
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MABEL CHRISTENE CARLSON			2. Date Of Birth (month) (day) (year): September 22 1893
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Idaho a. County: Fremont	b. City or Town of Birth: Thornton
FATHER	6. Full Name of Father: Nels Frederick Carlson			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Clara J. Anderson			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mabel C. Carlson	11. Present Address of Registrant: Baker, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 12, 1955		12. Signature of Notary: Frederick Hughes Snook	13. Notary Commission expires: September 21, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for insurance		By whom issued and signed: BENEFICIAL LIFE INSURANCE COMPANY	Date Issued:	Date Orig. Entry: August 22 1946
Class* B	Date of Birth: September 22, 1893	Birth Place: Thornton Idaho	Full Name of Mother: #287325	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Bible Record		By whom issued and signed: viewed by Frederick Hughes Snook, Salmon, Idaho	Date Issued: 9-7-55	Date Orig. Entry:
Class B	Date of Birth: September 22, 1893	Birth Place:	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: affidavit by older sister		By whom issued and signed: Amanda Vezina	Date Issued: 9-7-55	Date Orig. Entry:
Class B	Date of Birth: September 22, 1893	Birth Place: Thornton Idaho	Full Name of Mother: Clara J. Carlson	Name of Father: Nels Frederick Carlson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	March 2, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

MAR 3 1958

291-22-022-286

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-244
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRANKLIN ELIAS BRAMWELL			2. Date Of Birth (month) APRIL (day) 22 (year) 1893	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: IDAHO a. County: FREMONT	b. City or Town of Birth: GRANT	
FATHER	6. Full Name of Father: Alfred Augustus Bramwell			7. State or Country of Father's Birth: Utah, U.S.A. Salt Lake City.	
MOTHER	8. Full Maiden Name of Mother: Margery America Shoemaker Union			9. State or Country of Mother's Birth: Utah U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: T C Bramwell	11. Present Address of Registrant: Box 57 Banonza Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19___		12. Signature of Notary: Esther Brown	13. Notary Commission expires: August 6 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: CHURCH RECORD		By whom issued and signed: L.D.S. CHURCH	Date Issued: 3-16-13	Date Orig. Entry: ordained Jan. 27, 1913
	Date of Birth: April 22 1893	Birth Place: Grant, Idaho Fremont County	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: AFFIDAVIT BY OLDER BROTHER		By whom issued and signed: H. M. BRAMWELL Rigby, Idaho	Date Issued: 11-29-55	Date Orig. Entry:
	Date of Birth: April 22 1893	Birth Place: Grant, Idaho	Full Name of Mother: Margery American Shoemaker	Name of Father: Alfred Augustus Bramwell	
SUPPORTING RECORD 3. Class B	Type of Document: APPLICATION FOR INSURANCE		By whom issued and signed: BENEFICIAL LIFE INSURANCE CO. #131299	Date Issued:	Date Orig. Entry: January 6 1931
	Date of Birth: April 22 1893	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: bw Betty Waller	Date Filed: March 13, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

515-201-023-944

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-402
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Vanderdasson		2. Date Of Birth (month) (day) (year): October 1 1893
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gem County; b. City or Town of Birth: West of Emmett, Idaho
FATHER	6. Full Name of Father: James Vanderdasson		7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Elizabeth Rumfield		9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Jo Swanson	11. Present Address of Registrant: Mounted Route, Emmett, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: April 2 1956	12. Signature of Notary: Nina R. Carroll	13. Notary Commission expires: Boise Idaho Expires 4-5 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's birth certificate	Idaho State File #24557 Bureau of Vital Statistics	9-28-1914	9-28-1914
Class* B	Date of Birth: Age 21 / Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Doctor's Record	Osteopath -Emmett, Idaho Dr. A. G. Bowbick	Mar. 13, 56	7-23-47
Class B	Date of Birth: Age 53 / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	AFFIDAVIT BY FRIEND OF FAMILY	ELLA PARRISH Emmett, Idaho	4-14-56	
Class B	Date of Birth: October 1 1893 / Birth Place	Full Name of Mother: Elizabeth Vanderdasson	Name of Father: James Vanderdasson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: April 17, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 17 1959

Grace Vanderbeeson

3. Color or Race	4. Sex	5. Date of Birth (Month, Day, Year)
White	Female	October 1 1893

6. Place of Birth (County and State)

Bear County, Idaho

7. Name of Father

8. Maiden Name of Mother

Elizabeth Lunsford

9. Name of Informant

10. Mailing Address

11. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

12. Signature of Applicant

13. Subscribed and sworn to before me on

14. Signature of Notary

15. Notary Commission expires

Mounted Route, Boise, Ida.

16. Date Filed

17. Signature of Registrar

18. Address of Registrar

Certificate No.	Type of Document	Date Issued
	Delayed Certificate of Birth	4-13-1959

Date of Birth	Birth Place	Full Name of Father	Name of Mother
October 1 1893			Elizabeth Lunsford

Certificate No.	Type of Document	Date Issued

Date of Birth	Birth Place	Full Name of Father	Name of Mother

Certification: I hereby certify that this is a true and correct copy of the original certificate of birth now on file in this office.

Date Issued

Signature of Registrar

Fee Collected

Duplicate

Date Filed

Affidavits received by

313-210-016-268

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-473
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Selma Eulalia Calhoun		2. Date Of Birth (month) July (day) 10 (year) 1893
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County Cassia; b. City or Town of Birth Butte
FATHER	6. Full Name of Father: Orlando F. Calhoun		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Clara Virginia Boyd		9. State or Country of Mother's Birth: Mossouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Selma E. Barker	11. Present Address of Registrant: R/ Sandpoint
NOTARY (Seal)	Subscribed and sworn to before me on: 30th April 1956	12. Signature of Notary: Donna Sommerfeld	13. Notary Commission expires: 2/15/58 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: son's birth certificate	By whom issued and signed: State of Idaho #334395	Date Issued: 2-14-42	Date Orig. Entry: child born Mar. 2, 1921
	Date of Birth: 27 years old	Birth Place: Butte, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: affidavit by friend of family	By whom issued and signed: Winnie L. Newman Buhl, Idaho	Date Issued: 4-6-56	Date Orig. Entry:
	Date of Birth: July 10 1893	Birth Place: Cassia County Idaho	Full Name of Mother: Clara Calhoun	Name of Father: O. F. Calhoun
SUPPORTING RECORD 3. Class B	Type of Document: Family Register	By whom issued and signed: photostat viewed by this office	Date Issued:	Date Orig. Entry: obviously old
	Date of Birth: July 10 1893	Birth Place: Butte Idaho	Full Name of Mother: Clara Virginia Boyd	Name of Father: Orlando F. Calhoun
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: May 7, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 8 1956

469-213-014-389

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-485
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Katie Morton
2. Date Of Birth (month) 3 (day) 13 (year) 93
3. Color or Race: W-Am.
4. Sex: F
5. Place of Birth a. County: Gem now - Canyon 1893
b. City or Town of Birth: Falk's Store - Idaho

FATHER

6. Full Name of Father: Edward Eugene Morton
7. State or Country of Father's Birth: Patterson N.Y.

MOTHER

8. Full Maiden Name of Mother: Sarah Susen Thimbleby
9. State or Country of Mother's Birth: Bedfordshire Eng.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Katie Morton Hart
11. Present Address of Registrant: Rt. 3, Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 28 1956
12. Signature of Notary: Amy D. Galloway
13. Notary Commission expires: 9-15 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1. Class* B	census record	6 years old March, 1894	Idaho	Department of Commerce Bureau of the Census	Sarah Morton	4-2-56	Census of 1900 June 1	Edward Morton
SUPPORTING RECORD 2. Class B	affidavit by friend of family	March 13 1893	Falk's Store Idaho	Mrs. Myrtle Harrison Boise, Idaho	Sarah Susen Thimbleby	2-28-56		Edward Eugene Morton
SUPPORTING RECORD 3. Class B	statement re school record	10 years old		Canyon County District #13 State of Idaho	Sarah Morton	1-26-56	August 31, 1903	Ed Morton

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. E. Benson	Betty Waller	May 8, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DBH #0067

MAY

415-226-036-48

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-508
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: EDITH FLORENCE DAVIS
2. Date of Birth: July 26 1893
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Idaho — Oneida; b. City or Town of Birth: Malad City

FATHER

6. Full Name of Father: William Morris Davis
7. State or Country of Father's Birth: Brigham City, Utah

MOTHER

8. Full Maiden Name of Mother: Deborah Mary Waylett
9. State or Country of Mother's Birth: Brigham City, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edith F. Davis
11. Present Address of Registrant: Soda Springs Ida.

NOTARY (Seal)

Subscribed and sworn to before me on Feb. 24th 1956
12. Signature of Notary: L. D. Chambers
13. Notary Commission expires: July 1st 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: affidavit re voting registration
By whom issued and signed: OFFICE OF COUNTY CLERK Caribou County, Idaho
Date Issued: 7-30-55
Date Orig. Entry: May 8, 1926
Date of Birth: 32 years old
Birth Place:
Full Name of Mother:
Name of Father:
Class*: B

SUPPORTING RECORD 2.

Type of Document: 545-44-6532 SOCIAL SECURITY RECORD
By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service
Date Issued:
Date Orig. Entry: January 22 1951
Date of Birth: July 26 1893
Birth Place: Malad, Idaho Oneida County
Full Name of Mother: Deborah Mary Waylett
Name of Father: William Morris David
Class: B

SUPPORTING RECORD 3.

Type of Document: affidavit by employee of father
By whom issued and signed: Jesse H. Dredge Malad, Idaho
Date Issued: 4-26-56
Date Orig. Entry:
Date of Birth: July 26 1893
Birth Place: Malad, Idaho Oneida County
Full Name of Mother: Mary Deborah Waylett
Name of Father: William Morris Davis
Class: B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: bw Betty Waller
Date Filed: May 17, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

CERTIFICATE OF BIRTH

STATE OF UTAH

443-110-028-142

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-519
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WAYNE ELMER MULKINS			2. Date of Birth (month) Feb. (day) 10 (year) 1893	
	3. Color or Race: white - A	4. Sex: Male	5. Place of Birth a. County: Coeur D'Alene, Kootenai, Idaho	b. City or Town of Birth: Coeur D'Alene	
FATHER	6. Full Name of Father: Iwa Sam Mulkins			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Mary E. Adkins			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Wayne E Mulkins	11. Present Address of Registrant: Rt 1, Box 25, Hermiston, Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 3 1956		12. Signature of Notary: Lauretta Scarlett	13. Notary Commission expires: Jan. 5 1960	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: AFFIDAVIT BY MOTHER		By whom issued and signed: MARY E. MULKINS NODEL	Date Issued: 2-21-56	Date Orig. Entry:
	Date of Birth: February 10, 1893	Birth Place: Coeur d'Alene Idaho	Full Name of Mother: Mary E. Mulkins	Name of Father: Iwa S. Mulkins	
SUPPORTING RECORD 2. Class B	Type of Document: SON'S BIRTH CERTIFICATE		By whom issued and signed: STATE OF WASHINGTON Bureau of Vital Statistics	Date Issued: 2-27-42	Date Orig. Entry: child born Dec. 31, 1922
	Date of Birth: 29 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: 544-12-7209 application for Social Security number		By whom issued and signed: Treasury Department Internal Revenue Service	Date Issued:	Date Orig. Entry: applied Nov. 18, 1940
	Date of Birth: February 10, 1893	Birth Place: Coeur d'Alene Kootenai County	Full Name of Mother: Marry Adkins	Name of Father: Iowa Sam Mulkins	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: May 17, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 17 1950

168-22-014-297

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-528
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jessie Johnson		2. Date of Birth (month) May (day) 22 (year) 1893	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: John Peter Johnson		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Sarah Ida Kipp		9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jessie Johnson	11. Present Address of Registrant: 645 Eudora St Denver, Colo.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 18 1956 Boise Idaho	12. Signature of Notary: Nina R. Carroll	13. Notary Commission expires: 4-5 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's birth certificate	Bureau of Vital Statistics Idaho State File #142939	7-29-1926	7-29-1926
Class* B	Date of Birth: Age 33 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Affidavit	Lulu A. Kipp - Aunt	May 18,1956	May 18,1956
Class B	Date of Birth: May 22,1893 / Birth Place: Caldwell, Idaho	Full Name of Mother: Sarah Ida Johnson	Name of Father: John Peter Johnson	
SUPPORTING RECORD 3.	Marriage record	Vern Thomas Ada County Recorder	May 18,1956	Dec. 5,1914
Class B	Date of Birth: Age 21 / Birth Place: Caldwell, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna R. Reisch	May 21,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 21 1959

CHILD — 1. Registered name at birth

2. Date of birth (month) (day) (year) — 22 — 1959

3. Sex — 4. Place of birth — a. County — b. City or Town of birth

FATHER — 5a. Full name of father

5b. State or Country of father's birth

MOTHER — 6a. Full maiden name of mother

6b. State or Country of mother's birth

AFFIANT — 7. I hereby declare upon oath that the statements above are true to the best of my knowledge and belief.

8. Signature of affiant

9. Address of affiant

10. Official address of person attesting

SWORN TO — Subscribed and sworn to before me on

11a. Signature of official

11b. Title

11c. Date Certification expires

REGISTRAR'S CERTIFICATION — I hereby certify that the above is a true and correct copy of the record of birth registered in my office.

12. Date Issued

13. Registrar

14. Date Filed

SUPPORTING RECORDS 1 — Type of Document — By whom issued and signed — Date issued — Date of Birth, Entry

Date of Birth — Full Name of Father — Full Name of Mother — Name of Father

SUPPORTING RECORDS 2 — Type of Document — By whom issued and signed — Date issued — Date of Birth, Entry

Date of Birth — Full Name of Father — Full Name of Mother — Name of Father

OTHER SUPPORTING INFORMATION

REGISTRAR'S CERTIFICATION — I hereby certify that no prior birth certificate has been found in the files of this office for the child named herein, and that the above entry is made pursuant to the affidavit of delayed registration.

Date Filed

Registrar

Address

Date

61-209-038-212

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-569
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edythe Lyle Wallace	2. Date of Birth (month) (day) (year): Jan. 8 1893	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Payette Idaho; b. City or Town of Birth:
FATHER	6. Full Name of Father: George Wallace	7. State or Country of Father's Birth: Ohio	
MOTHER	8. Full Maiden Name of Mother: Martha Lucinda Baker	9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edyth L Smith	11. Present Address of Registrant: 136 N Boyer La 33 Calif
NOTARY (Seal)	Subscribed and sworn to before me on: May 22 1956	12. Signature of Notary: D M Dorhauer	13. Notary Commission expires: 8-13 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Mrs. Martha Lucinda Wallace Los Angeles, California	Date Issued: 3-27-56	Date Orig. Entry:	
Class* B	Date of Birth: January 8, 1893	Birth Place: Payette Idaho	Full Name of Mother: Martha Lucinda Wallace	Name of Father: George Wallace	
SUPPORTING RECORD 2.	Type of Document: son's birth certificate	By whom issued and signed: State of California	Date Issued: 6-1-43	Date Orig. Entry: child born Feb. 8, 1923	
Class B	Date of Birth: 30 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: hospitalization record	By whom issued and signed: White Memorial Hospital Los Angeles, California	Date Issued: 5-22-56	Date Orig. Entry: admitted May 10, 1951	
Class B	Date of Birth: January 8 1893	Birth Place: Idaho	Full Name of Mother:	Name of Father: George Wallace	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W [illegible]	Evidence reviewed by: Betty Waller	Date Filed: May 29, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

PRIMARY CERTIFICATE OF BIRTH

STATE OF IDAHO

1. NAME OF CHILD	2. SEX
3. DATE OF BIRTH (Month, Day, Year)	4. CITY OR TOWN OF BIRTH
5. NAME OF FATHER	6. MAIDEN NAME OF MOTHER
7. BIRTHPLACE OF FATHER (State or Foreign Country)	8. BIRTHPLACE OF MOTHER (State or Foreign Country)
9. AGE OF FATHER (Last Birthday)	10. AGE OF MOTHER (Last Birthday)
11. NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING	12. NUMBER OF OTHER CHILDREN BORN DEAD
13. NUMBER OF OTHER CHILDREN BORN ALIVE BUT NOW DEAD	14. USUAL OCCUPATION OF FATHER (Kind of work done during most of working life, even if retired)
15. KIND OF BUSINESS OR INDUSTRY	16. USUAL OCCUPATION OF MOTHER (If never employed, write "None")
17. KIND OF BUSINESS OR INDUSTRY	18. RESIDENCE OF PARENTS (Street address or location, city or town, county, state)
19. INFORMANT'S MAILING ADDRESS	20. SIGNATURE OF INFORMANT
21. DATE SIGNED	22. ATTENDANT'S OR COUNTY CORONER'S CERTIFICATE OF BIRTH
I hereby certify that I attended the birth of this child who was born alive at the time and on the date above stated.	
23. SIGNATURE AND TITLE OF ATTENDANT	24. ADDRESS OF ATTENDANT
25. DATE SIGNED	26. CERTIFICATE OF PERSON IN CHARGE OF PREMISES
I hereby certify that the child was born alive at the place and time and on the date above stated.	
27. SIGNATURE AND TITLE OF PERSON IN CHARGE OF PREMISES	28. ADDRESS OF PERSON IN CHARGE OF PREMISES
29. DATE SIGNED	30. CERTIFICATE OF PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child who was born alive at the time and on the date above stated.	
31. SIGNATURE AND TITLE OF PHYSICIAN OR MIDWIFE	32. ADDRESS OF PHYSICIAN OR MIDWIFE
33. DATE SIGNED	34. CERTIFICATE OF PERSON WHO SUPERVISED BIRTH
I hereby certify that I supervised the birth of this child who was born alive at the time and on the date above stated.	
35. SIGNATURE AND TITLE OF PERSON WHO SUPERVISED BIRTH	36. ADDRESS OF PERSON WHO SUPERVISED BIRTH
37. DATE SIGNED	38. CERTIFICATE OF PERSON WHO ASSISTED BIRTH
I hereby certify that I assisted at the birth of this child who was born alive at the time and on the date above stated.	
39. SIGNATURE AND TITLE OF PERSON WHO ASSISTED BIRTH	40. ADDRESS OF PERSON WHO ASSISTED BIRTH
41. DATE SIGNED	42. CERTIFICATE OF PERSON WHO ASSISTED BIRTH
I hereby certify that I assisted at the birth of this child who was born alive at the time and on the date above stated.	
43. SIGNATURE AND TITLE OF PERSON WHO ASSISTED BIRTH	44. ADDRESS OF PERSON WHO ASSISTED BIRTH
45. DATE SIGNED	46. CERTIFICATE OF PERSON WHO ASSISTED BIRTH
I hereby certify that I assisted at the birth of this child who was born alive at the time and on the date above stated.	
47. SIGNATURE AND TITLE OF PERSON WHO ASSISTED BIRTH	48. ADDRESS OF PERSON WHO ASSISTED BIRTH
49. DATE SIGNED	50. CERTIFICATE OF PERSON WHO ASSISTED BIRTH
I hereby certify that I assisted at the birth of this child who was born alive at the time and on the date above stated.	
51. SIGNATURE AND TITLE OF PERSON WHO ASSISTED BIRTH	52. ADDRESS OF PERSON WHO ASSISTED BIRTH
53. DATE SIGNED	54. CERTIFICATE OF PERSON WHO ASSISTED BIRTH
I hereby certify that I assisted at the birth of this child who was born alive at the time and on the date above stated.	
55. SIGNATURE AND TITLE OF PERSON WHO ASSISTED BIRTH	56. ADDRESS OF PERSON WHO ASSISTED BIRTH
57. DATE SIGNED	58. CERTIFICATE OF PERSON WHO ASSISTED BIRTH
I hereby certify that I assisted at the birth of this child who was born alive at the time and on the date above stated.	
59. SIGNATURE AND TITLE OF PERSON WHO ASSISTED BIRTH	60. ADDRESS OF PERSON WHO ASSISTED BIRTH
61. DATE SIGNED	62. CERTIFICATE OF PERSON WHO ASSISTED BIRTH
I hereby certify that I assisted at the birth of this child who was born alive at the time and on the date above stated.	
63. SIGNATURE AND TITLE OF PERSON WHO ASSISTED BIRTH	64. ADDRESS OF PERSON WHO ASSISTED BIRTH
65. DATE SIGNED	66. CERTIFICATE OF PERSON WHO ASSISTED BIRTH
I hereby certify that I assisted at the birth of this child who was born alive at the time and on the date above stated.	
67. SIGNATURE AND TITLE OF PERSON WHO ASSISTED BIRTH	68. ADDRESS OF PERSON WHO ASSISTED BIRTH
69. DATE SIGNED	70. CERTIFICATE OF PERSON WHO ASSISTED BIRTH
I hereby certify that I assisted at the birth of this child who was born alive at the time and on the date above stated.	
71. SIGNATURE AND TITLE OF PERSON WHO ASSISTED BIRTH	72. ADDRESS OF PERSON WHO ASSISTED BIRTH
73. DATE SIGNED	74. CERTIFICATE OF PERSON WHO ASSISTED BIRTH
I hereby certify that I assisted at the birth of this child who was born alive at the time and on the date above stated.	
75. SIGNATURE AND TITLE OF PERSON WHO ASSISTED BIRTH	76. ADDRESS OF PERSON WHO ASSISTED BIRTH
77. DATE SIGNED	78. CERTIFICATE OF PERSON WHO ASSISTED BIRTH
I hereby certify that I assisted at the birth of this child who was born alive at the time and on the date above stated.	
79. SIGNATURE AND TITLE OF PERSON WHO ASSISTED BIRTH	80. ADDRESS OF PERSON WHO ASSISTED BIRTH
81. DATE SIGNED	82. CERTIFICATE OF PERSON WHO ASSISTED BIRTH
I hereby certify that I assisted at the birth of this child who was born alive at the time and on the date above stated.	
83. SIGNATURE AND TITLE OF PERSON WHO ASSISTED BIRTH	84. ADDRESS OF PERSON WHO ASSISTED BIRTH
85. DATE SIGNED	86. CERTIFICATE OF PERSON WHO ASSISTED BIRTH
I hereby certify that I assisted at the birth of this child who was born alive at the time and on the date above stated.	
87. SIGNATURE AND TITLE OF PERSON WHO ASSISTED BIRTH	88. ADDRESS OF PERSON WHO ASSISTED BIRTH
89. DATE SIGNED	90. CERTIFICATE OF PERSON WHO ASSISTED BIRTH
I hereby certify that I assisted at the birth of this child who was born alive at the time and on the date above stated.	
91. SIGNATURE AND TITLE OF PERSON WHO ASSISTED BIRTH	92. ADDRESS OF PERSON WHO ASSISTED BIRTH
93. DATE SIGNED	94. CERTIFICATE OF PERSON WHO ASSISTED BIRTH
I hereby certify that I assisted at the birth of this child who was born alive at the time and on the date above stated.	
95. SIGNATURE AND TITLE OF PERSON WHO ASSISTED BIRTH	96. ADDRESS OF PERSON WHO ASSISTED BIRTH
97. DATE SIGNED	98. CERTIFICATE OF PERSON WHO ASSISTED BIRTH
I hereby certify that I assisted at the birth of this child who was born alive at the time and on the date above stated.	
99. SIGNATURE AND TITLE OF PERSON WHO ASSISTED BIRTH	100. ADDRESS OF PERSON WHO ASSISTED BIRTH

667-21-040-434

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-601
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wallace Idaho Fox,
2. Date of Birth (month) Feb. (day) 21 (year) 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Wallace, Ida Shoshone; b. City or Town of Birth: Wallace

FATHER

6. Full Name of Father: George William Fox.
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: Mary McDonald
9. State or Country of Mother's Birth: Prov. of Ontario, Canada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wallace J. Fox
11. Present Address of Registrant: 800 W. 9th St. San Pedro, Cal.

NOTARY (Seal)

Subscribed and sworn to before me on May 28 1956

12. Signature of Notary: H. E. Goldsmith
13. Notary Commission expires: H. E. GOLDSMITH, Notary Public in and for said County. My Commission Expires September 7, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: affidavit by step-mother	By whom issued and signed: Mildred Thomas Fox No. Hollywood, California	Date Issued: 5-28-56	Date Orig. Entry:
	Date of Birth: February 21, 1893 / Birth Place: Wallace Idaho	Full Name of Mother: Mary McDonald	Name of Father: George William Fox	
SUPPORTING RECORD 2. Class B	Type of Document: marriage license	By whom issued and signed: State of California County of Orange	Date Issued:	Date Orig. Entry: married Nov. 1, 1916
	Date of Birth: 23 years old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: statement re lodge record	By whom issued and signed: BPO ELKS LODGE NO. 966 San Pedro, California	Date Issued: 5-22-56	Date Orig. Entry: initiated Sept. 8, 1919
	Date of Birth: February 21, 1893 / Birth Place: Wallace Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

application for insurance Prudential Life Insurance Co. of America #2439174 applied Aug. 3, 1917
birth date: February 21, 1893
birthplace: Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
I. I. Benson	Betty Waller	June 6, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 7 1956

713222-44-443

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
NOV 12 1954
Division of Vital Statistics

State File No. De56-621
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Cleo Della Palmer
2. Date of Birth: (month) June (day) 22 (year) 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Weiser. b. City or Town of Birth: Weiser. Idaho

FATHER

6. Full Name of Father: Boon S. Palmer
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Mary Frances Duckworth
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cleo D. Palmer.
11. Present Address of Registrant: 6741-29th Ave. N.W.

NOTARY (Seal)

Subscribed and sworn to before me on: Nov 10 1954
12. Signature of Notary: Lillias Manning
13. Notary Commission expires: 8/21 1956

APPLICANT: DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Bible Record	Bible viewed by Lillicis Manning, Notary Public		June 22, 1893
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	June 22, 1893, Weiser, Idaho	Mary F. Palmer	Boon S. Palmer	
SUPPORTING RECORD 2. Class B	Type of Document: #38 543 868 statement re insurance record	By whom issued and signed: Prudential Insurance Co. of America	Date Issued	Date Orig. Entry: applied May 11, 1915
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	June 22 1893 / Idaho			
SUPPORTING RECORD 3. Class B	Type of Document: affidavit by older brother	By whom issued and signed: Joe H. Palmer McKinley Co., New Mexico	Date Issued: 5-29-56	Date Orig. Entry
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	June 22 1893 / Weiser Idaho	Mary Frances Duckworth	B oon S. Palmer	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	June 12, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 16 1956

DELAYED CERTIFICATE OF BIRTH

STATE OF NEW MEXICO

1. NAME OF CHILD	2. Number of child (if twin or triplet)
3. Date of birth (month, day, year)	4. Sex
5. Place of birth (county)	
6. Full name of father	
7. Birthplace of father (State or country)	8. Full maiden name of mother
9. Birthplace of mother (State or country)	
10. Occupation of father (kind of work done, as farmer, salesman, etc.)	
11. Present address of applicant	
12. Relationship of applicant to child	

AFFIDAVIT: I hereby declare that the statements above are true to the best of my knowledge and belief.

(Signature of applicant)

SUBSCRIBED AND SWORN TO before me on

(Signature of notary)

(Official capacity)

(Date commission expires)

DO NOT WRITE BELOW THIS LINE

Class B	Date of birth	Sex	Color or race
	June 22 1939		
Name of child			
Mary Theresa Walworth			
Name and birthplace of father			
Harry Walworth Indiana			
Maiden name and birthplace of mother			
Mary Theresa Walworth Indiana			
Name and address of informant			
Mother			
Date received			
June 22, 1956			

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the following affidavit:

State Registrar

Evidence reviewed by

Betty Walter

Date Filed

June 12, 1956

964-117003-569

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-625
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Abrum Romriell Jr.			2. Date of Birth (month) June (day) 17 (year) 1893
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Robin, Idaho — Bannock	b. City or Town of Birth: Robin,
FATHER	6. Full Name of Father: Charles Abrum Romriell Sr.			7. State or Country of Father's Birth: Ogden, Utah
MOTHER	8. Full Maiden Name of Mother: Anna May Norton			9. State or Country of Mother's Birth: Hunsaker, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Abrum Romriell 557 No. 9th.		11. Present Address of Registrant: Pocatello, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: June 4, 1956	12. Signature of Notary: D. H. Carlson		13. Notary Commission expires: June 1, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: church record	By whom issued and signed: L.D.S. Church McCammon, Idaho	Date Issued:	Date Orig. Entry: ordained Jan. 10, 1910
	Date of Birth: June 17 1893	Birth Place: Bannock County Idaho	Full Name of Mother: Annie May Norton	Name of Father: Charles A. Romriell
SUPPORTING RECORD 2. Class B	Type of Document: Abstract of Marriage Record	By whom issued and signed: State of Utah County of Cache	Date Issued: 6-6-56	Date Orig. Entry: married April 22, 1914
	Date of Birth: 20 years old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3. Class B	Type of Document: application for insurance	By whom issued and signed: Beneficial Life #173613 Insurance Company	Date Issued:	Date Orig. Entry: applied Sept. 22, 1937
	Date of Birth: June 17 1893	Birth Place: Robin Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. H. Bowman	Betty Waller	June 12, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

763-216-043-433

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-645
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edith May Pottenger
2. Date Of Birth (month) November (day) 16th (year) 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Valley, Idaho, U.S.A. b. City or Town of Birth: Roseberry

FATHER

6. Full Name of Father: James Withero Pottenger
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Martha Jane McConnell
9. State or Country of Mother's Birth: Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edith May Allen
11. Present Address of Registrant: 1409 State St. Boise Ida,

NOTARY (Seal)

Subscribed and sworn to before me on June 25 1956.

12. Signature of Notary: Howard R. Rowe
13. Notary Commission expires 4/17 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's birth certificate	Bureau of Vital Statistics Idaho File #17925	Nov.18,1913	Nov. 18,1913
Class* B	Date of Birth: Age 20 / Birth Place: Roseberry, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit	By whom issued and signed: Ira Pottenger-Brother	Date Issued: June 20,1956	Date Orig. Entry
Class B	Date of Birth: Nov. 16,1893 / Birth Place: Roseberry, Idaho	Full Name of Mother: Martha Jane Pottenger	Name of Father: James W. Pottenger	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Ins.	Date Issued: Nov.1,1943	Date Orig. Entry: Nov. 1,1943
Class B	Date of Birth: Age 50 / Birth Place:	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Verna Reisch	June 25, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

JUN 25 1956

12-110-026-346

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-673
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Joseph Nevalson Askew
2. Date of Birth: (month) Nov. (day) 10 (year) 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Rigby, Jefferson
b. City or Town of Birth: Rigby Idaho

FATHER

6. Full Name of Father: George Albert Askew
7. State or Country of Father's Birth: Sheffield England

MOTHER

8. Full Maiden Name of Mother: Margaret Cufley
9. State or Country of Mother's Birth: Salt Lake City Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Joseph Nevalson Askew
11. Present Address of Registrant: 100 Gibbs St. Central YMCA, Rochester N.Y.

NOTARY (Seal)

Subscribed and sworn to before me on 22nd day February 1956

12. Signature of Notary: David C. Morrow
13. Notary Commission expires: NOTARY PUBLIC, State of N.Y., Monroe County, Commission Expires March 30, 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	AFFIDAVIT BY OLDEST SISTER	MARY A. PARKS HEAD	2-24-56	
	Date of Birth: November 10, 1893 / Birth Place: Rigby, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class B	Type of Document: FAMILY RECORD SHEET	By whom issued and signed: viewed by John E. Wallace County Recorder, Monterey Co.	Date Issued: 7-13-42	Date Orig. Entry
	Date of Birth: 1893 / Birth Place: Rigby Idaho	Full Name of Mother: California Margaret Cufley	Name of Father: George Askew	
SUPPORTING RECORD 3. Class B	Type of Document: Selective Service Registration	By whom issued and signed: New York State Headquarters Fuller Road, Albany 5,	Date Issued: 6-21-56	Date Orig. Entry: registered April 25, 1942
	Date of Birth: November 10, 1893 / Birth Place: Rigby Idaho	Full Name of Mother: New York	Name of Father	

QUALIFYING INFORMATION

application for Social Security number #104-07-9391 Treasury Department Internal Revenue Service applied Nov. 30, 1936

birth date: November 10, 1893 parents: George A. Askew
birthplace: Idaho Margaret Cuffley

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	July 2, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

FEB 2 1956

367-206-008-367 DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

State File No. De56-792
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Cecil Cox
2. Date Of Birth (month) (day) (year): October 6 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Boise
b. City or Town of Birth: Roseberry, Idaho

FATHER

6. Full Name of Father: John David Cox
7. State or Country of Father's Birth: U S A

MOTHER

8. Full Maiden Name of Mother: Harriet I Cox
9. State or Country of Mother's Birth: U A A

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna C Weston
11. Present Address of Registrant: Jamesville Calif

NOTARY (seal)

Subscribed and sworn to before me on July 11 1956

12. Signature of Notary: Warren E Collett
13. Notary Commission expires: My Commission Expires Jan. 19, 1958 19

State of Calif Co of Lassen

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Federal Security Agency Social Security Board	8/31/42	8/31/42

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.6,1842	Roseberry, Idaho	Harriet Isabelle Shuster	John David Cox

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit	Harriet I. Cox-Mother	July 11,1956	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.6,1893	Roseberry, Ida.	Harriet I. Cox	John David Cox

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's certificate of birth	Bureau of Vital Statistics Californie State Board of Health	April 23 1917	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 23	Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	vr jm	Aug. 1, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

AUG 9 1956

813-225-029 - 415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-799
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Katherine Eugenia HALL
2. Date of Birth: (month) July (day) 25 (year) 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Latah; b. City or Town of Birth: Moscow, Idaho

FATHER

6. Full Name of Father: Foster Davis Hall
7. State or Country of Father's Birth: Vergennes, Vermont

MOTHER

8. Full Maiden Name of Mother: Lillian Davis
9. State or Country of Mother's Birth: Umatilla, Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Katherine Eugenia Hall Anderson
11. Present Address of Registrant: 1303 Campus Parkway, Seattle

NOTARY (Seal)

Subscribed and sworn to before me on: June 21, 1956
12. Signature of Notary: Rhoda Eaton
13. Notary Commission expires: Nov. 21, 1958 5, Wash

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security Record	Internal Revenue Service Treasury Department	July 24, 1951	
Class* B	Date of Birth: July 25, 1893 / Birth Place: Moscow, Idaho	Full Name of Mother: Lillian Davis	Name of Father: Foster D. Hall	
SUPPORTING RECORD 2.	Bible Record	Mother	Obviously old. Viewed by this office.	
Class B	Date of Birth: July 25, 1893 / Birth Place:	Full Name of Mother: Lillian D. Hall	Name of Father: Foster D. Hall	
SUPPORTING RECORD 3.	Affidavit	Friend of Family Cora E. Davis Ward	June 22, 1956	
Class B	Date of Birth: July 25, 1893 / Birth Place: Moscow, Idaho	Full Name of Mother: Lillian Davis Hall	Name of Father: Foster Davis Hall	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Verna Reisch	August 1, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 1 1956

1. Name of child (First, middle, last)	Foster Davis Hall
2. Date of birth (month, day, year)	July 25, 1955
3. Place of birth (city, county, state)	Oregon, Idaho
4. Sex	Male
5. Color or race	White
6. Full name of father	Foster Davis Hall
7. Birthplace of father (state or country)	Oregon, Idaho
8. Full maiden name of mother	Delores Davis
9. Birthplace of mother (state or country)	Vergennes, Vermont
10. Signature of applicant	Delores Davis Hall
11. Present address of applicant	1303 Canyon Parkway, Nampa, Idaho
12. Signature of notary	Delores Davis Hall
13. Notary commission expires	Nov. 21, 1958

Subscribed and sworn to before me

Date

Type of document: Affidavit

Date filed: July 25, 1955

Filed by: Foster D. Hall

Name of father

Date issued: June 12, 1956

Issued by: Vital Statistics Service

Name of issuing agency

Date issued: July 25, 1955

Issued by: Treasury Department

Name of issuing agency

Evidence received:

Affidavit of Foster D. Hall

Affidavit of Delores Davis Hall

Name of applicant

Date filed

Remarks: Applicant's delayed certificate has been issued. The division of Vital Statistics for this department and the Treasury Department has been notified, and substantiates the facts as set forth in the supporting evidence.

145-222-003-389

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-833
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ellen Amelia Ames
2. Date of Birth (month) (day) (year): October 22 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Cleveland Bannock
b. City or Town of Birth: Cleveland Bannock Co. Ida.

FATHER

6. Full Name of Father: Daniel Carter Ames
7. State or Country of Father's Birth: State of Idaho

MOTHER

8. Full Maiden Name of Mother: Caroline Maria Christensen
9. State or Country of Mother's Birth: Denmark

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ellen Ames Spidell
11. Present Address of Registrant: 830-N-8th E. Mt. Home Ida

NOTARY (Seal)

Subscribed and sworn to before me on: Aug 10th 1956
12. Signature of Notary: O E Bannon
13. Notary Commission expires: 11/14 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	Salt Lake City, Utah L.D.S. Church	July 2,56	Nov. 2,1901
Class* B	Date of Birth: October 22,1893 / Birth Place: Cleveland,Ida.	Full Name of Mother: Maria Christensen	Name of Father: Daniel C. Ames	
SUPPORTING RECORD 2.	Marriage Record	George Harrison Bannock County	May 24,1956	Apr.8,1914
Class B	Date of Birth: Age 20 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Insurance Policy	Pocatello, Idaho Gem State Mutual Life	Oct.24,39	
Class B	Date of Birth: October 22, 1893 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W W Benson	Verna Reisch	August 15,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 16

REGISTRANT

1. Name of Registrant (First) (Middle) (Last)

2. Date (month) (day) (year)

PARENTS

4. Full Name of Father

5. Color or Race

6. Place of Birth

7. State or Country of Father's Birth

MOTHER

8. Full Name of Mother

9. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

NOTARY

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

19

RECORD

Type of Document

By whom issued and signed

Date issued

Date Orig. Entry

Name of Registrant

Date of Birth

Birth Place

Full Name of Mother

Name of Father

SUPPORTING RECORD 2.

Type of Document

By whom issued and signed

Date issued

Date Orig. Entry

Name of Registrant

Date of Birth

Birth Place

Full Name of Father

Name of Mother

DUPLICATING INFORMATION

REGISTRAR'S CERTIFICATE

Date Registered

Evidence Reviewed by

Date Mailed

284-120-038-155

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-839
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond Harrison Shurtleff		2. Date of Birth (month) (day) (year): February 20, 1893
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: RFD, Payette, Payette Co. (Then Canyon County) / b. City or Town of Birth: Payette County
FATHER	6. Full Name of Father: George Washington Shurtleff		7. State or Country of Father's Birth: Salt Lake City, Utah.
MOTHER	8. Full Maiden Name of Mother: Elvira Jensen		9. State or Country of Mother's Birth: Sweeden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond Harrison Shurtleff	11. Present Address of Registrant: Route #2, Payette, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 11 August 1956 19	12. Signature of Notary: [signature]	13. Notary Commission expires: 10 March 1959 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Insurance Policy		By whom issued and signed: W.P.Whitaker-Pres. Beneficial Protective Asso.	Date Issued: Jan. 19, 1942	Date Orig. Entry
	Date of Birth: Feb. 20, 1893	Birth Place: Payette, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class B	Type of Document: Own Child's birth Certificate		By whom issued and signed: Shurtleff-Mother State of Idaho-Esther Pearl	Date Issued: Apr. 27, 1942	Date Orig. Entry: Child born Nov. 2, 1918
	Date of Birth: Age 25	Birth Place: Payette, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class B	Type of Document: Family Record		By whom issued and signed: From Family Bible-Mother	Date Issued: Old Record	Date Orig. Entry
	Date of Birth: Feb. 20, 1893	Birth Place:	Full Name of Mother: Alice Elvira Cook	Name of Father: George Washington Shurtleff	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.M.Beers	Joan Mowery	8-17-56

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

381-109-016422

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 15 1955
Division Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-852
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant Hugh C. Chambers			2. Date of Birth (month) June (day) 9 (year) 1893
	3. Color or Race white	4. Sex Male	5. Place of Birth a. County Cassia	b. City or Town of Birth Sublett
FATHER	6. Full Name of Father Joseph Chambers			7. State or Country of Father's Birth Rugby Wor Wich England
MOTHER	8. Full Maiden Name of Mother Eliza Ann McKee			9. State or Country of Mother's Birth Spanish Fork, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant Hugh C Chambers		11. Present Address of Registrant Sharp Ida
NOTARY (Seal)	Subscribed and sworn to before me on 9/16/55, 19	12. Signature of Notary [illegible]		13. Notary Commission expires Sept 6, 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Family Bible Record	By whom issued and signed: Eliza Ann Chambers Joseph Chambers	Date Issued: Obviously old.	Date Orig. Entry	
	Date of Birth: June 9, 1893	Birth Place	Full Name of Mother: Eliza Ann Chambers	Name of Father: Joseph Chambers	
SUPPORTING RECORD 2. Class B	Type of Document: Social Security Record	By whom issued and signed: Internal Revenue Service Treasury Department	Date Issued: 2/27/37	Date Orig. Entry	
	Date of Birth: June 9, 1893	Birth Place: Sublette, Idaho	Full Name of Mother: Elizie Ann McKee	Name of Father: Joseph Chambers	
SUPPORTING RECORD 3. Class B	Type of Document: Son's birth certificate	By whom issued and signed: Vital Statistics-Boise, Idaho Idaho File #372767	Date Issued: September 12, 1916	Date Orig. Entry	
	Date of Birth: Age 23	Birth Place: Sublett, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W W Benson	Evidence reviewed by Verna Reisch	Date Filed August 20, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 21 1958

813-217-029-155

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-909
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: IDA JENASENA HALVERSON		2. Date of Birth (month) (day) (year): OCTOBER 17 1893
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth: a. County: IDAHO LATAH; b. City or Town of Birth: MOSCOW
FATHER	6. Full Name of Father: HALVOR HALVERSON		7. State or Country of Father's Birth: NORWAY
MOTHER	8. Full Maiden Name of Mother: JACOBINE JENSEN		9. State or Country of Mother's Birth: DENMARK
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ida J. Biddison	11. Present Address of Registrant: 1018 Elm Street, Clarkston, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 29 1956	12. Signature of Notary: Theodore H Fritts	13. Notary Commission expires: Jan 7 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy	Mutual Benefit Association		Sept. 9,1936
Class* B	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	10-17-1893 / Moscow, Idaho			
SUPPORTING RECORD 2.	Affidavit by Cousin	Moscow, Idaho Henry J. Halverson	August 24,	1956
Class B	October 17,1893 / Moscow, Idaho	Jacobine Jensen	Halvor Halverson	
SUPPORTING RECORD 3.	Marriage Record	Asotin County, Wash. Irene Allen-County Aud.	Nov.1,55	March 17,1921
Class B	Age 27 / Moscow, Idaho	Jacobine Jensen		
QUALIFYING INFORMATION				

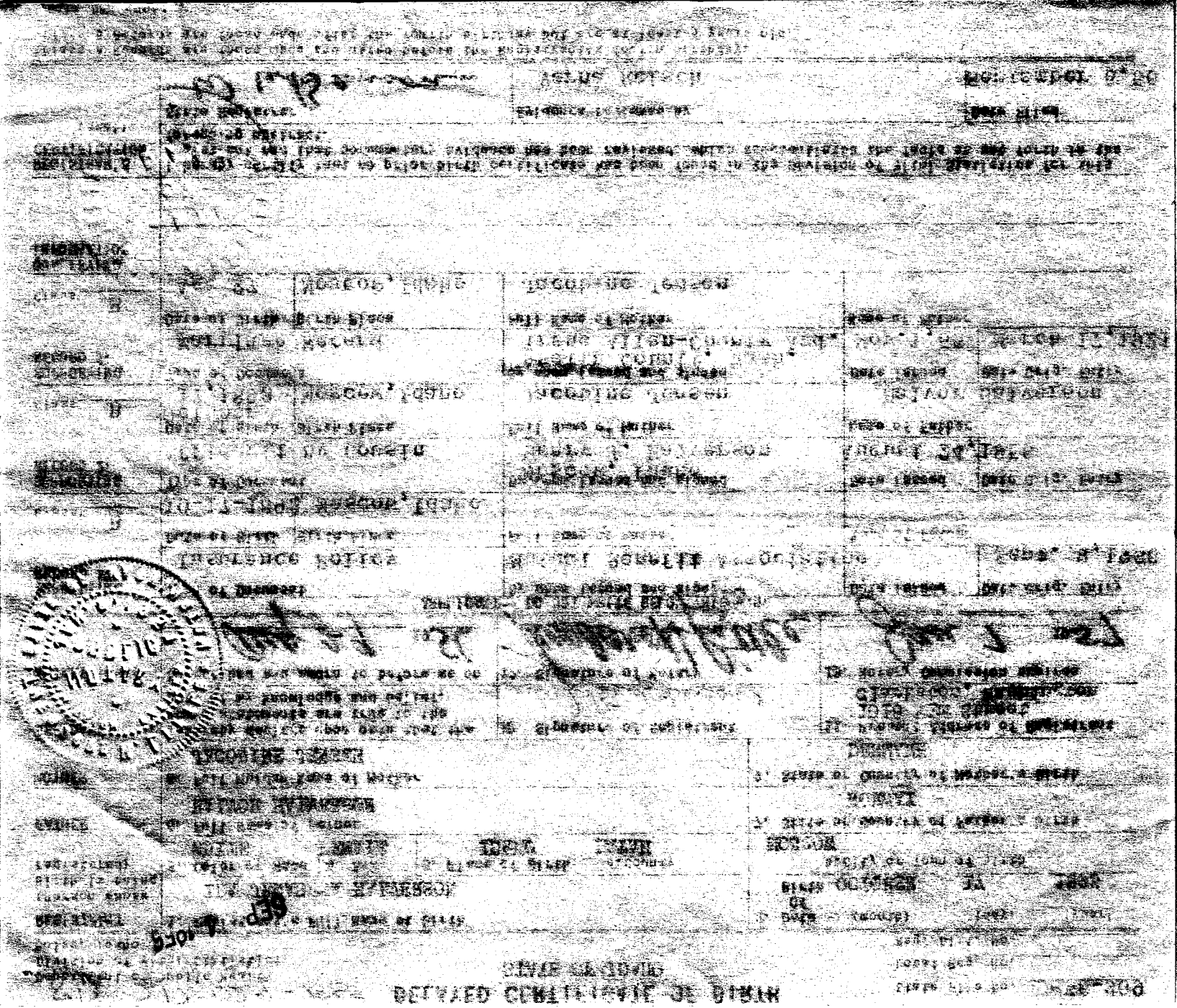
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna Reisch	September 5,56

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



691-108-003-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-912
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clarence Edmund Franklin
2. Date of Birth: (month) July (day) 8 (year) 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Pocatello, Idaho

FATHER

6. Full Name of Father: Nathan Gosage Franklin
7. State or Country of Father's Birth: Baltimore, Maryland

MOTHER

8. Full Maiden Name of Mother: Lila Francis Wilbur
9. State or Country of Mother's Birth: Virginia City, Montana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clarence Edmund Franklin
11. Present Address of Registrant: 319 South Garfield, Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: August 15, 1956
12. Signature of Notary: Lucille Martin
13. Notary Commission expires: September 1, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Lila Franklin	Aug.2,1956	
Class* B	Date of Birth: July 8, 1893 / Birth Place: Pocatello, Idaho	Full Name of Mother: Lila Franklin	Name of Father:	
SUPPORTING RECORD 2.	Employment record	Chicago 11, Illinois Railroad Retirement Board	Aug.9,56	Dec.29,1936
Class B	Date of Birth: July 8, 1893 / Birth Place: Pocatello, Idaho	Full Name of Mother: Lila Wilbur	Name of Father: Nathan Gosage Franklin	
SUPPORTING RECORD 3.	Lodge Record	Pocatello, Ida ho Portneuf Lodge No.18	July 23,56	June 16,1915
Class B	Date of Birth: July 8, 1893 / Birth Place: Pocatello, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna Reisch	Sept.5,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 4 1968

1. NAME OF CHILD (First, Middle, Last)	2. SEX
3. DATE OF BIRTH (Month, Day, Year)	4. HOUR OF BIRTH
5. PLACE OF BIRTH (City, County, State)	
6. FULL NAME OF FATHER	7. COLOR OR RACE
8. AGE AT TIME OF THIS BIRTH	9. BIRTHPLACE (State or Country)
10. FULL NAME OF MOTHER (Maiden)	11. COLOR OR RACE
12. AGE AT TIME OF THIS BIRTH	13. BIRTHPLACE (State or Country)
14. NUMBER OF CHILDREN BORN ALIVE TO THIS MOTHER	15. NUMBER OF OTHER CHILDREN NOW LIVING
16. MOTHER'S USUAL RESIDENCE (Street, City, County, State)	
17. INFORMANT	18. RELATIONSHIP
19. MAILING ADDRESS	
20. SIGNATURE OF INFORMANT	21. DATE SIGNED
22. ATTENDANT OR OTHER	23. ADDRESS
24. DATE ACCEPTED BY REGISTRAR	25. REGISTRAR'S SIGNATURE
26. DATE FILED BY LOCAL REGISTRAR	27. REGISTRAR'S SIGNATURE

I HEREBY CERTIFY that the above is a true and correct copy of the record of birth filed in the office of the Bureau of Vital Statistics, Department of Health, State of Idaho.

Witness my hand and seal of the Department of Health this 4th day of September, 1968.

Director, Bureau of Vital Statistics

813-217-029 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

SEP 10 1956

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-934
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name at Birth: Kathryn Frances Hasfurther		2. Date of Birth (month) (day) (year): July 17, 1893
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Genesee. b. City or Town of Birth: Genesee Idaho
FATHER	6. Full Name of Father: Victor Hasfurther		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Frances Hennen		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kathryn Frances Hasfurther Baumgartner	11. Present Address of Registrant: Genesee. Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 6 1956	12. Signature of Notary: Donald E Springer	13. Notary Commission expires: Aug. 25 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle	By whom issued and signed: Genesee, Idaho Joe N. Hasfurther	Date Issued: August 31, 1956	Date Orig. Entry	
Class* B	Date of Birth: July 17, 1893	Birth Place: Genesee, Idaho	Full Name of Mother: Frances Hennen	Name of Father: Victor Hasfurther	
SUPPORTING RECORD 2.	Type of Document: Insurance record	By whom issued and signed: Boise, Idaho Mutual Benefit Assoc.	Date Issued: Dec. 3, 1987	Date Orig. Entry	
Class B	Date of Birth: 7-17-1893	Birth Place: Genesee, Ida.	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Family Bible Record	By whom issued and signed: Victor and Frances Hasfurther	Date Issued: Original	Date Orig. Entry: record viewed by Notary.	
Class B	Date of Birth: July 17, 1893	Birth Place: Genesee, Idaho	Full Name of Mother: Frances Hasfurther	Name of Father: Victor Hasfurther	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna Reisch	Sept. 12, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 12 1958

962-123-004-76 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

FEB 12 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-952
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eugene William Roberts			2. Date Of Birth (month) November (day) 23 (year) 1893	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: ~~Fish~~ Idaho Bear Lake	b. City or Town of Birth: Fish Haven	
FATHER	6. Full Name of Father: William D. Roberts			7. State or Country of Father's Birth: Idaho 1864	
MOTHER	8. Full Maiden Name of Mother: Amy Rosetta ~~Rober~~ Gardner			9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eugene William Roberts		11. Present Address of Registrant: St. Charles, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 6, 1954	12. Signature of Notary: Ned J. Price		13. Notary Commission expires: Oct. 1, 1954	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church, by Lothair B. Rich, Bishop		Date Issued: 4-10-53	Date Orig. Entry: Baptized on Sept. 6, 1902
Class* B	Date of Birth: Nov. 23, 1893	Birth Place: Fish Haven Idaho	Full Name of Mother: Amy Rosetta Gardner	Name of Father: William D. Roberts	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Orval C. Fox- Supt. Beneficial Life Insurance		Date Issued: April 5, 1954	Date Orig. Entry: May 20, 1947
Class B	Date of Birth: Nov. 23 1893	Birth Place: Fish Haven, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho 96954		Date Issued: Jan. 9, 1922	Date Orig. Entry:
Class B	Date of Birth: Age 28	Birth Place: Kish Haven, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	Joan Mowery	Sept. 14, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 14 1950

413-206-029-256

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 1 - 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1017
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name at Birth: Veva Ann Macomb		2. Date of Birth (month) March (day) 6th (year) 1893
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Latah; b. City or Town of Birth: Gennessee
FATHER	6. Full Name of Father: Henry Newton Macomb		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Ladessa Margaret Carpenter		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Veva Ann Castle	11. Present Address of Registrant: Route #1, Caldwell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 28th 1956	12. Signature of Notary: W F M Clive	13. Notary Commission expires: July 5 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Fred W. Anderson-Supt. Payette, Idaho	Date Issued: Aug. 20, 56	Date Orig. Entry: July 3, 1899
Class* B	Date of Birth: Age 6	Birth Place:	Full Name of Mother:	Name of Father: H. N. Macomb
SUPPORTING RECORD 2.	Type of Document: County Record	By whom issued and signed: County Recorder-Payette Alice I. Snook	Date Issued: Aug. 17, 56	Date Orig. Entry: 1930
Class B	Date of Birth: March 6, 1893	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Mary Miles	Date Issued: August 17, 1956	Date Orig. Entry:
Class B	Date of Birth: March 6, 1893	Birth Place: Gennessee, Idaho	Full Name of Mother: Ladessa Margaret Carpenter	Name of Father: Henry Newton Macomb
QUALIFYING INFORMATION				

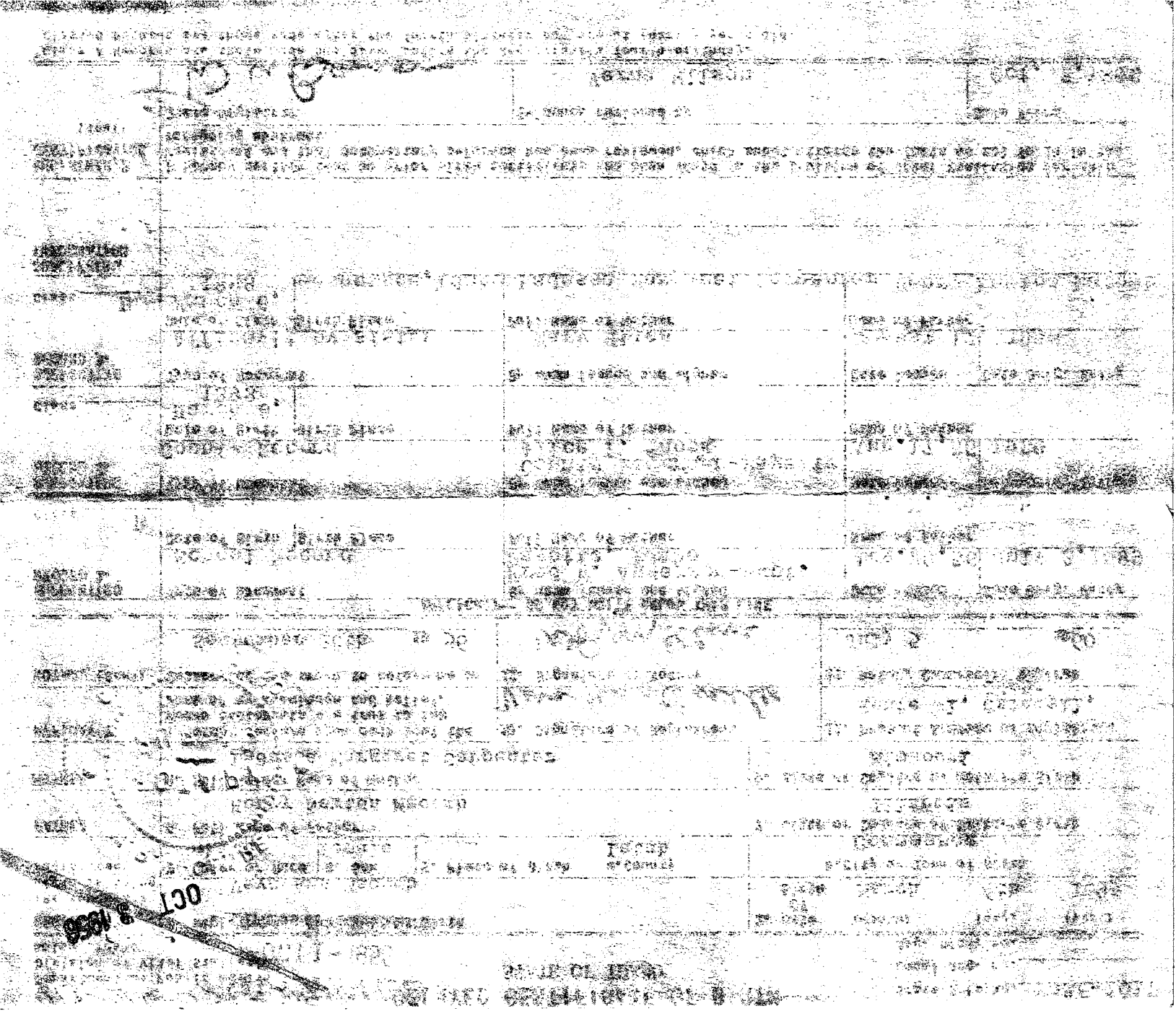
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Verna Wilson	Oct. 3, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



231-207-008-289

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-1039
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hattie Blankinship
2. Date of Birth: July 7 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bonner; b. City or Town of Birth: Roseberry

FATHER

6. Full Name of Father: William Jackson Blankinship
7. State or Country of Father's Birth: Tenn.

MOTHER

8. Full Maiden Name of Mother: Emma Alice Shira
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hattie Blankinship (Mrs. Hart)
11. Present Address of Registrant: 603-E-5th Santa Ana Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: March 6 1956
12. Signature of Notary: M. Gerkwiler
13. Notary Commission expires: April 12 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
daughter's birth certificate	California State Board of Health	4-24-56	Child born Sept. 26, 1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
28 years old	Idaho		

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Boston, Massachusetts New England Mutual Life.	Sept. 27,	1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
7-7-93	Roseberry, Idaho		

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Sister	Effie Blankinship Estes	August 24,	1956

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 7, 1893	Roseberry, Idaho	Emma Alice Shira	Blankinship William Jackson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bw Verna Wilson	Oct. 8, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FORM 8, 130

DEFACED CERTIFICATE OF BIRTH

165-108-036-719

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1048
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William P. Jones, Jr.		2. Date of Birth (month) (day) (year): June 8 1893
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Oneida; b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: William P. Jones		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Rachel Parry		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William P. Jones Jr.	11. Present Address of Registrant: Box 423, Malad, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 1 19 56	12. Signature of Notary: Jed G. Owens	13. Notary Commission expires: January 15 19 59

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: Jan. 20,	Date Orig. Entry: 1948
Class* B	Date of Birth: June 8, 1893 / Birth Place: Malad City, Idaho	Full Name of Mother: Rachel Parry	Name of Father: William P. Jones	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Father	By whom issued and signed: William P. Jones, Sr.	Date Issued: September	Date Orig. Entry: 14, 1956
Class B	Date of Birth: June 8, 1893 / Birth Place: Malad, Idaho	Full Name of Mother: Rachel Jones	Name of Father: William Parry Jones	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Salt Lake City, Utah Mutual Life Ins. Co.	Date Issued: July 25,	Date Orig. Entry: 1930
Class B	Date of Birth: June 8, 1893 / Birth Place: Malad, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Verna Wilson	Date Filed: Oct. 8, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 9 1956

449-228-8[illegible]-8[illegible]

Department of Public Health
Division of Vital Statistics
Boise, Idaho

OCT 22 956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1112
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Goldie Estella Durham		2. Date of Birth (month) Dec. (day) 28 (year) 1893
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: James Buchanan Durham		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Flora Jane Query		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Goldie E. Edwards	11. Present Address of Registrant: 605 Dakota Av. Medford Ore
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 20 1956	12. Signature of Notary: [illegible]	13. Notary Commission expires: 10-3 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Child's birth certificate	By whom issued and signed: Oregon File # 2137		Date Issued: Feb. 27, 53	Date Orig. Entry: May 10, 1914
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother:		Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: Bible Record	By whom issued and signed: James Durham		Date Issued: Obviously old. Viewed photostat copy.	Date Orig. Entry:
	Date of Birth: December 28, 1893	Birth Place:	Full Name of Mother: Flora Jane Query		Name of Father: James Buchanan Durham
SUPPORTING RECORD 3. Class B	Type of Document: Insurance Policy	By whom issued and signed: National Life Ins. Co.		Date Issued: October 26, 1920	Date Orig. Entry:
	Date of Birth: December 23, 1893	Birth Place: Payette, Idaho	Full Name of Mother:		Name of Father:
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnes	Verna Wilson	Oct. 23, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form DPH 40067

OCT 24 1950

551 - 219 - 8 36 - 3XP

RECEIVED SEP 13 1956 Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-1127
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Winifred Evans
2. Date of Birth (month) (day) (year): January 19 1893
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Oneida; b. City or Town of Birth: Malad City, Idaho

FATHER

6. Full Name of Father: Charles Reese Evans
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Sarah Jane Lusk
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Winifred E Mork
11. Present Address of Registrant: Downey Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on: September 12 1956
12. Signature of Notary: Dew A. Bowen
13. Notary Commission expires: 11/1 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by Sister	Martha Evans Tovey	September	12,1956
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	January 19,1893 / Malad City,Ida.	Sarah Jane Lusk Evans	Charles Reese Evans	
SUPPORTING RECORD 2. Class B	Child's birth certificate	Boise,Idaho Idaho File #219963	March 8,	1934
	Age 41 / Malad, Idaho			
SUPPORTING RECORD 3. Class B	Church Record	Malad, Idaho L.D.S. Church	Oct.10,56	1901
	January 19, 1893 / Malad City,Ida.	Sarah Jane Lusk	Charles R. Evans	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. E. Benson	vr Verna Wilson	Oct. 29,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067



155-224-076-955 DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

State File No. De56-1147
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rachel Jenkins			2. Date Of Birth (month) (day) (year): October 24 1893
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Samaria
FATHER	6. Full Name of Father: David Jenkins			7. State or Country of Father's Birth: Wales
MOTHER	8. Full Maiden Name of Mother: Emma Reese			9. State or Country of Mother's Birth: Wales
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rachel Jenkins Ricks		11. Present Address of Registrant: Sugar City, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 1 19 56	12. Signature of Notary: Mary Smith		13. Notary Commission expires: June 25 19 59

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Certificate of Blessing	By whom issued and signed: L.D.S. Church-Rexburg,Ida.	Date Issued: 8-13-56	Date Orig. Entry: Nov. 21,1893
	Date of Birth: October 24, 1893	Birth Place: Samaria,Idaho	Full Name of Mother: Emma Reese	Name of Father: David Jenkins
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by sister	By whom issued and signed: Elizabeth Jenkins Hughes	Date Issued: August 3,	Date Orig. Entry: 1956
	Date of Birth: October 24, 1893	Birth Place: Samaria, Idaho	Full Name of Mother: Emma Reese Jenkins	Name of Father: David Jenkins
SUPPORTING RECORD 3. Class B	Type of Document: Child's birth certificate	By whom issued and signed: Boise, Idaho Idaho File #207142	Date Issued: October 19, 1956	Date Orig. Entry:
	Date of Birth: Age 38	Birth Place: Samaria, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Reese	VW Verna Wilson	November 1, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 1 1956

347-23-996

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 31 1956

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1151
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name at Birth: Dorothy Luck		2. Date of Birth (month) August (day) 31 (year) 1893
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Pocatello-Bannock; b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Charles Washington Luck		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Adella Matilda Luce		9. State or Country of Mother's Birth: Massachusetts
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy L. Tracy	11. Present Address of Registrant: 620 South 15th Ave Caldwell-Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 13, 1956	12. Signature of Notary: Myron L. Shepherd	13. Notary Commission expires: 12/1, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Insurance Policy	By whom issued and signed: Hartford, Connecticut Modern Accident Policy	Date Issued: August 23, 1947	Date Orig. Entry
	Date of Birth: August 31, 1893	Birth Place: Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by Brother	By whom issued and signed: Charles A. Luck	Date Issued: Oct. 25,	Date Orig. Entry: 1956
	Date of Birth: Aug. 31, 1893	Birth Place: Pocatello	Full Name of Mother: Adela Matilda Luce	Name of Father: Charles Washington Luck
SUPPORTING RECORD 3. Class B	Type of Document: Childs Birth Certificate	By whom issued and signed: Oregon 15	Date Issued: Jan. 28,	Date Orig. Entry: 1934
	Date of Birth: Age 40yrs.	Birth Place: Pocatello	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barsom	VW Shirley Straubhar	Nov. 1, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form DPH 49067

263-229-014-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1177

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Vera Bothwell			2. Date Of Birth (month) 4 (day) 19 (year) 1893	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Parma	
FATHER	6. Full Name of Father: John Sherman Bothwell			7. State or Country of Father's Birth: Ohio	
MOTHER	8. Full Maiden Name of Mother: Minerva Elizabeth Stockton			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Vera Bothwell (Ethel Vera Bailey)		11. Present Address of Registrant: 2712 W Jefferson St Boise,	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 9, 1956 19___	12. Signature of Notary: Nina R. Carroll		13. Notary Commission expires: 4-5 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. B	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho-323503		Date Issued: April 20, 1913	Date Orig. Entry
	Date of Birth: Age 20	Birth Place: Parma, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. B	Type of Document: Affidavit by Aunt	By whom issued and signed: Amanda Glennon-Aunt		Date Issued: Nov. 2, 1956	Date Orig. Entry
	Date of Birth: April 29, 1893	Birth Place: Parma, Idaho	Full Name of Mother: Minerva Elizabeth Bothwell	Name of Father: John Bothwell	
SUPPORTING RECORD 3. B	Type of Document: Hospital Record	By whom issued and signed: Gabrielle M. Amos, R.R.L. St. Alphonsus Hosp.		Date Issued: Oct. 30, 1956	Date Orig. Entry: 3-19-44
	Date of Birth: Age 50	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. BENSON	Joan Mowery	Nov. 9, 1956

FORM BH 56067

NOV 13 1955

993-230-001-551

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 8 - 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1189
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jessie Esther Richey.
2. Date of Birth: (month) June (day) 30 (year) 1893
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County Ada; b. City or Town of Birth: Payette Idaho

FATHER

6. Full Name of Father: Richard R. Richey.
7. State or Country of Father's Birth: Nebraska.

MOTHER

8. Full Maiden Name of Mother: Martha M. Neal.
9. State or Country of Mother's Birth: Little Rock. Arkansaw

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jessie Esther Richey
11. Present Address of Registrant: 11519 Hemlock.

NOTARY (Seal)

Subscribed and sworn to before me on October 4 1956

12. Signature of Notary: Alverda W. Heuer
13. Notary Commission expires: June 29 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Uncle	Chap Williams	May 1, 1956	
Class* B	**Date of Birth** June 30, 1893	**Birth Place** Payette, Idaho	**Full Name of Mother** Martha M. Richey	**Name of Father** Richard Richey
SUPPORTING RECORD 2.	Bible Record	Richey Family Bible	Original record viewed by Notary.	
Class B	**Date of Birth** June 30, 1893	**Birth Place**	**Full Name of Mother**	**Name of Father**
SUPPORTING RECORD 3.	Application for Social Security Account No.	U.S. Treasury Dept.	Feb. 1, 1951	
Class B	**Date of Birth** June 30, 1893	**Birth Place** Payette	**Full Name of Mother** Martha Millissia Neal	**Name of Father** Richard Richey

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	vw Shirley Straubhar	Nov. 14, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 8 1954

154-112-029-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1205
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Oscar Anderson
2. Date of Birth (month) (day) (year): February 12 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County:
b. City or Town of Birth: Voolmer

FATHER

6. Full Name of Father: Charles H. Anderson
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Anna Lark
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Oscar Anderson
11. Present Address of Registrant: 3204 - 37th Ave. South, Minneapolis, Minn.

NOTARY (Seal)

Subscribed and sworn to before me on: Nov 21 1956
12. Signature of Notary: Robert O Stuart
13. Notary Public, Hennepin County, Minn. My Commission Expires Aug. 31, 19

ROBERT O. STUART
3rd Floor Insurance Exchange
LIFE BUILDING
MINNEAPOLIS 2, MINN.
"The Court House Notary"

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Family Bible Record	Father	Original copy viewed by Notary Public July 17, 5	
	Date of Birth February 12,1893 / **Birth Place**	**Full Name of Mother**	**Name of Father**	
SUPPORTING RECORD 2. Class B	Affidavit by Cousin	Anna Bergquist	August 15, 1956	
	Date of Birth February 12,1893 / **Birth Place** Voolmer,Idaho	**Full Name of Mother** Anna Lark	**Name of Father** Charles H. Anderson	
SUPPORTING RECORD 3. Class B	Insurance Policy	Chicago 30, Illinois Bankers Life & Casualty Co.	Aug. 7,56	June 4
	Date of Birth 2-12-1893 / **Birth Place**	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	vw Shirley Straubhar	Nov.26,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

NOV 26 1956

557-217-006 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

NOV 26 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1229
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leona Smith England		2. Date of Birth (month) (day) (year): april 17 1898
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Moreland Idaho
FATHER	6. Full Name of Father: James England		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Rosehannah Smith		9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leona Smith England	11. Present Address of Registrant: Rt 2 Burley Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 23rd 1956	12. Signature of Notary: [signature]	13. Notary Commission expires: Feb. 20, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	L.D.S Union Ward, Ore.	Dec. 31, 1906	
Class* B	Date of Birth: April 17, 1898 / Birth Place: Moreland, Idaho	Full Name of Mother: Rose H. Smith	Name of Father: James England	
SUPPORTING RECORD 2.	Affidavit by Sister	Sarah Jane England Davis	April 20, 1956	
Class B	Date of Birth: April 17, 1898 / Birth Place: Moreland, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Son's Birth Certificate	Idaho #207884	Child's Birth Date Nov, 18, 1932	
Class B	Date of Birth: age 34 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Straubhar	Dec. 3, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

253-208-215-216

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 29 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1252
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Name of Person to be Registered at Birth: HELENA BECK		2. Date of Birth: (month) APRIL (day) 8 (year) 1893	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: NEZPERCE COUNTY	b. City or Town of Birth: Grangeville
FATHER	6. Full Name of Father: EDWARD EUGENE BECK		7. State or Country of Father's Birth: Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: SOPHIA LOUISE HARPER		9. State or Country of Mother's Birth: Georgia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helena McClellan.	11. Present Address of Registrant: 2663 Santa Fe Ave. Long Beach 10, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: October 19 19 56	12. Signature of Notary: Dean Stuart	13. Notary Commission Expires: November 4, 19 59	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit	By whom issued and signed: Kitsap County, Washington Fred W. Beck	Date Issued: October 11, 1956	Date Orig. Entry
	Date of Birth: April 8, 1893	Birth Place: Grangeville, Idaho	Full Name of Mother: Sophia Beck	Name of Father: Edward Beck
SUPPORTING RECORD 2. Class B	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: September 29, 1942	Date Orig. Entry
	Date of Birth: April 8, 1893	Birth Place: Grangeville, Idaho	Full Name of Mother: Sophia Louise Harper	Name of Father: Edward Eugene Beck
SUPPORTING RECORD 3. Class B	Type of Document: Page 2, Roll Number 61 INITIATION RECORD	By whom issued and signed: WOMEN OF MOOSEHEART LEGION Helen L. Weller, Recorder	Date Issued:	Date Orig. Entry: Initiated on April 7,1926
	Date of Birth: Age 33	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: VW Joyce B. Foltz	Date Filed: Dec. 10,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

DEC 10 1960

816-227-002-395

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1254
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nettie Hilfred Haworth		2. Date of Birth (month) (day) (year): December 27 1893
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Adams; b. City or Town of Birth: Indian Valley
FATHER	6. Full Name of Father: Syvester Haworth		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Susie Lindsay		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nettie Hilfred Haworth (Manning)	11. Present Address of Registrant: Indian Valley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 3rd day of June 19 55	12. Signature of Notary: Goldie M. Brown	13. Notary Commission expires: March 19 57

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Insurance Policy	Date of Birth: Dec. 27, 1893	Birth Place: Indian Vally	By whom issued and signed: Idaho Mutual Benefit Association	Full Name of Mother:	Date Issued: June 30, 1941	Name of Father:	Date Orig. Entry:
SUPPORTING RECORD 2. Class B	Type of Document: Own Child's Birth Certificate	Date of Birth: Age 39	Birth Place: Indian Valley, Idaho	By whom issued and signed: on file Vital Statistics Idaho, File # 211207	Full Name of Mother:	Date Issued:	Name of Father:	Date Orig. Entry: Child born on April 1,1933
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by Sister	Date of Birth: Dec 27,1893	Birth Place: Indian Valley,Idaho	By whom issued and signed: Ivy Hawarth Anderson	Full Name of Mother: Susie Lindsay	Date Issued: Dec 3, 1956	Name of Father: Syvester Haworth	Date Orig. Entry:
QUALIFYING INFORMATION								

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ss Joyce B. Foltz	Dec 10,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DEC 10 1958

249-250-029-386 DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

State File No. De56-1264
Local Reg. No.
Reg. Dist. No.

Division of Vital Statistics

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Helena Smith			2. Date of Birth (month) June (day) 10 (year) 1893
	3. Color or Race: Caucasian	4. Sex: FEMANE	5. Place of Birth: a. County: Latah	b. City or Town of Birth: Moscow, Idaho
FATHER	6. Full Name of Father: Ditlef Smith			7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Julia Thompson			9. State or Country of Mother's Birth: Madison, Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara Lehman		11. Present Address of Registrant: 1432 Thayer, Richland, Wn.
NOTARY (Seal)	Subscribed and sworn to before me on: August 6, 19 56	12. Signature of Notary: Jerry K. Whitlow		13. Notary Commission expires: June 16, 19 58

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: Genesee Valley, Idaho. I. Andreason-Pastor	Date Issued:	Date Orig. Entry: July 2, 1893
Class* A	Date of Birth: June 10, 1893	Birth Place:	Full Name of Mother: Julia Smith	Name of Father: Ditlef Smith	
SUPPORTING RECORD 2.	Type of Document: Application for Social Security Account No.		By whom issued and signed: U.S. Treasury Dept. Internal Revenue Service	Date Issued:	Date Orig. Entry: 3/29/37
Class B	Date of Birth: June 10, 1893	Birth Place: Moscow, Idaho	Full Name of Mother: Julia Thompson	Name of Father: Detlif Smith	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Cousin		By whom issued and signed: Alfred I. Smith	Date Issued: Aug. 20,	Date Orig. Entry: 1956
Class B	Date of Birth: June 10, 1893	Birth Place: Mowcow, Idaho	Full Name of Mother: Julia Thompson Smith	Name of Father: Ditlef Smith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	vr Shirley Straubhar	Dec. 11, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

123-222-009 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

NOV 15 1956

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1296
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LILLIAN ALTHERA ASTLE		2. Date of Birth (month) October (day) 22 (year) 1993	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: JOSEPH CHARLES ASTLE		7. State or Country of Father's Birth: Bear Lake Co. Idaho	
MOTHER	8. Full Maiden Name of Mother: MATILDA JANE DANKS		9. State or Country of Mother's Birth: Mercer Co. Pennsylvania	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillian A. Astle Eyres	11. Present Address of Registrant: 8304 Ramona St. Bellflower, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on July 13th, 1956	12. Signature of Notary: NOTARY PUBLIC In and for the County of Los Angeles State of California: Marge M. Bryant	13. Notary Commission expires: My Commission Expires March 18, 1960 March 18th, 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Matilda Jane Danks Astle	Date Issued: July 11, 1956	Date Orig. Entry
Class* B	Date of Birth: Oct. 22, 1893 / Birth Place: Montpelier Bear Lake Co.	Full Name of Mother: Matilda Jane Danks	Name of Father: Joseph Charles Astle	
SUPPORTING RECORD 2.	Type of Document: Son's Birth Certificate	By whom issued and signed: California 2237	Date Issued: April 9, 1930	Date Orig. Entry
Class B	Date of Birth: age 36 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S. Church Salt Lake City, Utah	Date Issued: Nov. 26, 1956	Date Orig. Entry: Aug. 6, 1903
Class B	Date of Birth: Oct. 22, 1893 / Birth Place: Montpelier, Idaho	Full Name of Mother: Matilda Jane Danks	Name of Father: Joseph Charles Astle	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: ss Shirley Straubhar	Date Filed: Dec. 28, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 cp.

Form DPH 49067

DEC 28 1950

819-128-036-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-002

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lorenzo Harrison
2. Date Of Birth: (month) May (day) 28 (year) 1893
3. Color or Race: white
4. Sex: Male
5. Place of Birth: a. County: Oneida; b. City or Town of Birth: Malad City

FATHER

6. Full Name of Father: John Harrison
7. State or Country of Father's Birth: Shiffield Yorkshier, England

MOTHER

8. Full Maiden Name of Mother: Charity Lucinda Campbell
9. State or Country of Mother's Birth: North Ogden, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lorenzo Harrison
11. Present Address of Registrant: 341 Bannock St. Malad City Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: December 2 1956
12. Signature of Notary: E. L. Scott
13. Notary Commission expires: May 19 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application for Social Security Number	U.S. Treasury Dept. Internal Revenue Service	Sept. 7, 1939	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 28, 1893 / Malad, Idaho	Lucendy Campbell	John Harrison	
SUPPORTING RECORD 2.	Daughter's Birth Cert.	Idaho #340833	Apr. 20, 1942	Child born on Nov. 20, 1918
	age 25 / Malad, Idaho			
SUPPORTING RECORD 3.	Insurance Policy	Occidental Life Insurance Policy	Oct. 3, 1924	
	May 28, 1893			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Straubhar	Jan. 3, 1957

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 4 1957

493-215-006-445

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 26 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-009
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Celesta May Milburn.
2. Date of Birth (month) October (day) 15 (year) 1893
3. Color or Race: White
4. Sex:
5. Place of Birth a. County: Blackfoot Ida. Bingham
b. City or Town of Birth: Blackfoot.

FATHER

6. Full Name of Father: William Patterson Milburn.
7. State or Country of Father's Birth: Tennessee.

MOTHER

8. Full Maiden Name of Mother: Martha Elizabeth Duncan.
9. State or Country of Mother's Birth: Missouri.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Celesta May Fairchild
11. Present Address of Registrant: Salmon Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 19 1956
12. Signature of Notary: Blanche Eisk
13. Notary Commission expires: 4-22 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* b

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	L.D.S. Salmon, 1st Ward, Lost River Stake	Feb. 4, 1951	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 15, 1893	Bingham County Blackfoot, Ida.	Martha Elizabeth Duncan	William Patterson Mill-burn

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Son's Birth Certificate	Idaho #108609	Child's Birth Date Jan. 27, 1923	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 29	Idaho		

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Family Friend	Meltire M. Fairchild	Dec. 18, 1956	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 15, 1893	Blackfoot, Ida.	Martha Elizabeth Duncah Milburn	William Milburn

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	SS Shirley Straubhar	Jan. 4, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

1. NAME OF CHILD (First, Middle, Last)

2. Date of Birth (Month, Day, Year)

3. Sex

4. Twin, triplet or other

5. If not single or first born, specify

6. Place of Birth (County, City, Township, Village)

7. Name of Hospital or Institution (If not in hospital, give street address or location)

8. Usual Residence of Mother (If same as place of birth, write "same")

9. Mother's Maiden Name

10. Mother's Color or Race

11. Mother's Age at Last Birthday (Years)

12. Mother's Birthplace (State or Foreign Country)

13. Father's Name

14. Father's Color or Race

15. Father's Age at Last Birthday (Years)

16. Father's Birthplace (State or Foreign Country)

17. Mother's Maiden Name

18. Father's Occupation

19. Name and Address of Informant

20. Relationship to Child

21. Name and Address of Person Who Prepared This Form

22. Date Filed

23. Registrar's Signature

24. Date Accepted by Registrar

25. Amended

26. Delayed

27. Court Order

28. Other Evidence

29. Remarks

AFFIDAVIT

I hereby swear (or affirm) that the statements made in this application are true to the best of my knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 19____.

(Signature of Person Authorized to Administer Oath)

(Official Capacity)

NOTICE: It is a violation of law to make any false statement on this application. Any person who knowingly furnishes false information on this application may be punished by fine or imprisonment or both.

SUPPORTING DOCUMENT

1. Type of Document

2. Date of Birth

3. Birth Place

4. Date Issued

5. Issued and Signed

6. Date Orig. Entry

7. Name of Parent

8. Name of Mother

9. Name of Father

10. Name of Physician

11. Name of Hospital

12. Name of Witness

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100. Name of Witness

659-203-003-963

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 1 - 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-048
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ivy Jane Weir
2. Date of Birth: May 3 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Pocatello, Idaho

FATHER

6. Full Name of Father: Thomas Weir
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Julia Armenta Rolph
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ivy Jane Weir (Comms)
11. Present Address of Registrant: 457 South Garfield, Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: August 2nd 1956
12. Signature of Notary: [signature]
13. Notary Commission expires: February 14 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	Salt Lake City, Utah L.D.S. Church	Aug. 23, 56	April 8, 1915
Class* B	Date of Birth: May 3, 1893 / Birth Place: Pocatello, Idaho	Full Name of Mother: Julia Rawlins	Name of Father: Thomas Wier	
SUPPORTING RECORD 2.	Affidavit by neighbor	Pearl Rice Wilcox	August 22,	1956
Class B	Date of Birth: May 3, 1893 / Birth Place: Pocatello, Idaho	Full Name of Mother: Julie Armenta Rolph	Name of Father: Thomas Weir	
SUPPORTING RECORD 3.	Daughter's birth cert.	Idaho #36923	Date Issued	Date Orig. Entry: Child born Jan. 23, 1916
Class B	Date of Birth: age 22 / Birth Place: Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

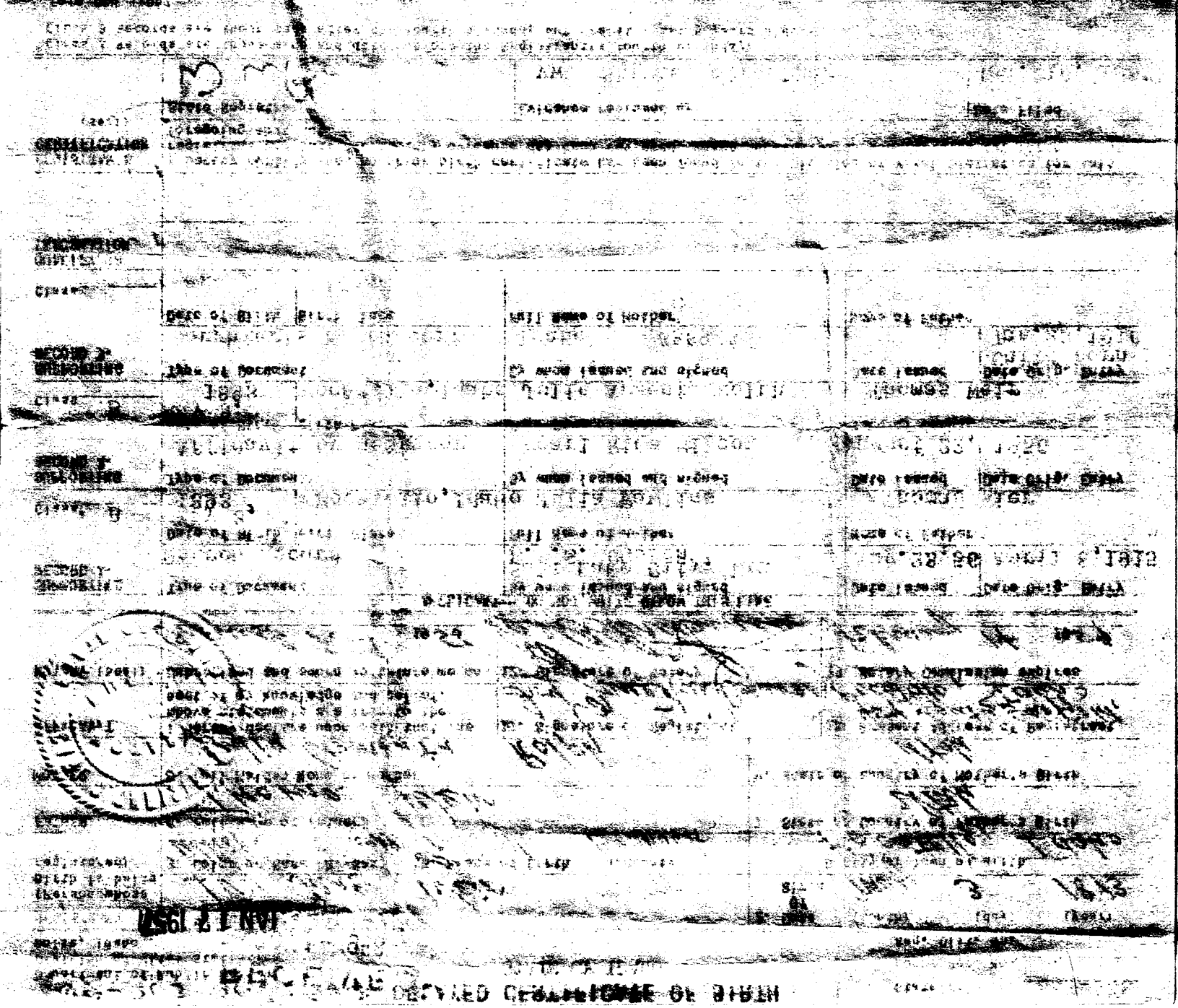
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barnes	VW Shirley Straubhar	Jan. 16, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



217-131-004-764

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-056
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Eugene Bagley			2. Date of Birth (month) (day) (year): Jan. 31 1893	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Montpelier Bear Lake	b. City or Town of Birth: Montpelier	
FATHER	6. Full Name of Father: William Bagley			7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Eliza Jane Godfrey Bagley			9. State or Country of Mother's Birth: ~~England~~ Scotland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Eugene Bagley		11. Present Address of Registrant: Cokeville, Wyo.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 18 1957	12. Signature of Notary: A. R. Noblett		13. Notary Commission expires: June 6, 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	Cokeville Wark, Montpelier Stake L.D.S. Church	5/6/56	Sept. 14, 1901
Class* B	Date of Birth: Jan. 31, 1893 / Birth Place: Bear Lake Co., Montpelier, Idaho	Full Name of Mother: Eliza Godfrey	Name of Father: William Bagley	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle	By whom issued and signed: James E. Kinnersley	Date Issued: 1/31/57	Date Orig. Entry:
Class B	Date of Birth: Jan. 31, 1893 / Birth Place: Montpelier, Idaho	Full Name of Mother: Eliza Jane Godfrey Bagley	Name of Father: William Bagley	
SUPPORTING RECORD 3.	Type of Document: Insurance Record	By whom issued and signed: New York Life Insurance	Date Issued: 8/22/29	Date Orig. Entry:
Class B	Date of Birth: Jan. 31, 1893 / Birth Place: Montpelier, Idaho	Full Name of Mother: Eliza Jane Bagley	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Shirley Straubhar	Jan. 25, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECLARED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 25 1952

REGISTRAR'S NO.

1. Name of child (If not named, so state)

2. Date of birth (Month) (Day) (Year)

Jan. 31, 1952

3. Sex

Female

4. Place of birth (City or town) (County)

5. If not in hospital, give street address or location

6. Color or race

White

7. Name of father

8. Birthplace (State or country)

9. Age at last birthday (Years)

10. Color or race

White

11. Birthplace (State or country)

12. Name of mother

13. Birthplace (State or country)

14. Age at last birthday (Years)

15. Number of children born to this mother, including present child

16. Number of children now living

17. Legitimate

18. Informant

19. Address

20. Date received by registrar

21. Signature of registrar

22. Date registered

23. Filed by

24. Number

25. Amended

26. Amended

27. Amended

28. Amended

29. Amended

30. Amended

31. Amended

32. Amended

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100. Amended

231-230-022-891

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-174
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mabel Clow Stanford
2. Date of Birth: (month) August (day) 30 (year) 1893
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County: Freemont; b. City or Town of Birth: near St. Anthony

FATHER

6. Full Name of Father: Thomas Bernett Stanford
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Jane Hiatt
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mabel Clow Mitchell
11. Present Address of Registrant: 122 S. E. 3rd, Milton-Freewater, Ore

NOTARY (Seal)

Subscribed and sworn to before me on: February 25 1956
12. Signature of Notary: Mary Lienallen
13. Notary Commission expires: June 28 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	FAMILY RECORD	viewed by Henry Kayne, Notary Public,		
Class* B	Date of Birth: August 30 1893 / Birth Place: Parker Idaho	Full Name of Mother: Mary Jane Stanford	Name of Father: Thomas Barnett Stanford	
SUPPORTING RECORD 2.	AFFIDAVIT BY MOTHER	MARY JANE STANFORD Milton-Freewater, Oregon	2-29-56	
Class B	Date of Birth: August 30 1893 / Birth Place: Fremont County	Full Name of Mother: Mary Jane Hiatt	Name of Father: Thomas Bernett Stanford	
SUPPORTING RECORD 3.	Church Record	Salt Lake City, Utah L.D.S. Church	2-13-57	6-29-1902
Class B	Date of Birth: Aug. 30, 1893 / Birth Place: Parker, Idaho	Full Name of Mother: Mary J. Hiatt	Name of Father: Thomas B. Stanford	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barnes
Evidence reviewed by: bw Shirley Straubhar
Date Filed: Feb. 25, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

FEB 25 1957

815-208
004-363

RECEIVED
AUG 31 1956
Division of Vital Statistics

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-185
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cora Ellen Hansen		2. Date of Birth (month) December (day) 8 (year) 1893
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bloomington Bear Lake Co Idaho; b. City or Town of Birth
FATHER	6. Full Name of Father: John Hansen		7. State or Country of Father's Birth: Brigham City Utah
MOTHER	8. Full Maiden Name of Mother: Alice E. Bateman		9. State or Country of Mother's Birth: Essex Co. England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cora Ellen Hansen Lords	11. Present Address of Registrant: 311 — 11 St Idaho Falls
NOTARY (Seal)	Subscribed and sworn to before me on: August 23 1956	12. Signature of Notary: Leona Crosby	13. Notary Commission expires: Sept 1 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by mother	By whom issued and signed: Bonneville Co., Idaho Alice E. Hansen	Date Issued: March 26, 1955	Date Orig. Entry
	Date of Birth: December 8, 1893	Birth Place: Bloomington, Ida.	Full Name of Mother: Alice E. Hansen	Name of Father
SUPPORTING RECORD 2. Class B	Type of Document: Insurance Policy	By whom issued and signed: San Francisco 20, Calif. Metropolitan Life. Ins.	Date Issued: July 21,55	Date Orig. Entry: June 15,1925
	Date of Birth: Age at next birthday 32	Birth Place: Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3. Class B	Type of Document: Temple Record	By whom issued and signed: Salt Lake City, Utah L.D.S. Church	Date Issued: 2-11-57	Date Orig. Entry: Mar.10,1915
	Date of Birth: Dec. 8, 1893	Birth Place: Bear Lake Co., Bloomington, Ida.	Full Name of Mother: Alice Bakeman	Name of Father: John Hansen
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barron	Evidence reviewed by: vr Shirley Straubhar		Date Filed: Feb. 25, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 26 1957

REGISTRANT — 1. Name of child (If not known, so state.)

2. Date of birth (month, day, year)

3. Sex

4. Place of birth (If not in hospital or institution, give street address or location)

5. City or town of birth

6. County of birth

FATHER — 7. Full name of father

8. Color or race

9. Age at last birthday (years)

10. Birthplace (State or country)

MOTHER — 11. Full maiden name of mother

12. Age at last birthday (years)

13. Birthplace (State or country)

AFFIANT — 14. I hereby declare upon oath that the statements are true to the best of my knowledge and belief

15. Present address of affiant

NOTARY (Signature and address) — Subscribed and sworn to before me on

16. Signature of Notary

17. Notary Commission expires

RECORD A — 18. Type of Document — Affidavit by mother

19. Date of birth (month, day, year) — March 26, 1955

20. Birthplace (City and county) — Pocatello, Idaho

21. Full name of mother — Alice B. Hansen

22. Name of father — [illegible]

RECORD B — 23. Type of Document

24. Date of birth (month, day, year)

25. Birthplace (City and county)

26. Full name of mother

27. Name of father

RECORD C — 28. Type of Document

29. Date of birth (month, day, year)

30. Birthplace (City and county)

31. Full name of mother

32. Name of father

33. I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant. And that documentary evidence has been received, which substantiates the facts as set forth in the above statement.

34. Signature of Registrar

35. Evidence received by

36. Date filed

Feb. 26, 1957

555-128-044-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-269

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EUGENE EVERITT			2. Date Of Birth (month) JUNE (day) 28, (year) 1893	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: WASHINGTON	b. City or Town of Birth: WEISER	
FATHER	6. Full Name of Father: MARSHALL EVERITT			7. State or Country of Father's Birth: MICHIGAN	
MOTHER	8. Full Maiden Name of Mother: ANNA GROOMS			9. State or Country of Mother's Birth: MISSOURI	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Eugene V. Everett	11. Present Address of Registrant: 0013 1315 Long Beach Calif	
NOTARY (Seal)	Subscribed and sworn to before me on: March 1 19 57		12. Signature of Notary: [signature]	13. Notary Commission expires: March 14 19 58	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible		By whom issued and signed: Family Bible viewed by Vital Statistics	Date Issued:	Date Orig. Entry: near date-birth obviously old
	Date of Birth: June 28, 1893	Birth Place:	Full Name of Mother:	Name of Father: Marshall Everitt	
SUPPORTING RECORD 2.	Type of Document: Application for Social Security Account No.		By whom issued and signed: U.S. Treasury Dept.	Date Issued:	Date Orig. Entry: 7-10-39
	Date of Birth: June 28, 1893	Birth Place: Weiser, Idaho	Full Name of Mother: Anna Groom	Name of Father: Marshall Everett	
SUPPORTING RECORD 3.	Type of Document: Lodge Record		By whom issued and signed: Riverbank Lodge No. 459 F.&A.M. Riverbank, Calif.	Date Issued: 2-21-57	Date Orig. Entry: 6-1-44
	Date of Birth: June 28, 1893	Birth Place: Weiser, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: bf Shirley Straubhar	Date Filed: March 14, 1957

FORM BH 56067

MAR 15 1954

122-81-020-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-315

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Foley Orlando Abbott
2. Date Of Birth (month) (day) (year): December 31 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Elmore
b. City or Town of Birth: Rocky Bar

FATHER

6. Full Name of Father: Foley Orlando Abbott
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Sarah Clark
9. State or Country of Mother's Birth: Scotland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Foley Orlando Abbott
11. Present Address of Registrant: 310 South Second East Mountain Home, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: February 26 1957
12. Signature of Notary: Jacome McNeely
13. Notary Commission expires: Dec 4 19[illegible]

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neighbor at time of birth	Sadie Nichols	3-20-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
12-31-1893	Elmore County Rocky Bar, Ida.	Sarah Clark	Foley Orlando Abbott

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Occidental Life Insurance Company	7-16-40	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
12-31-93			

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge	U. S. Army	12-19-18	inducted 8-9-18

Date of Birth	Birth Place	Full Name of Mother	Name of Father
inducted age 24	Rocky Bar, Ida.		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Barnum	Nancy Richards	3-26-57

FORM BH 56067

MAR 27 1981

791-117-0044-466

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-340
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CONRAD JACOB GRABB		2. Date of Birth (month) SEPT (DATE) (day) 17 (year) 1893
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth (a) County: IDAHO WASHINGTON (b) City or Town of Birth: WEISER IDAHO
FATHER	6. Full Name of Father: JOHN JOSEPH GRABB		7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: EMMA C MOORE		9. State or Country of Mother's Birth: BOONE COUNTY IOWA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Conrad J Grabb	11. Present Address of Registrant: SEASIDE OREGON
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 25th 1956	12. Signature of Notary: Helen J. Bailey	13. Notary Commission expires: MY COMMISSION EXPIRES APRIL 17, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

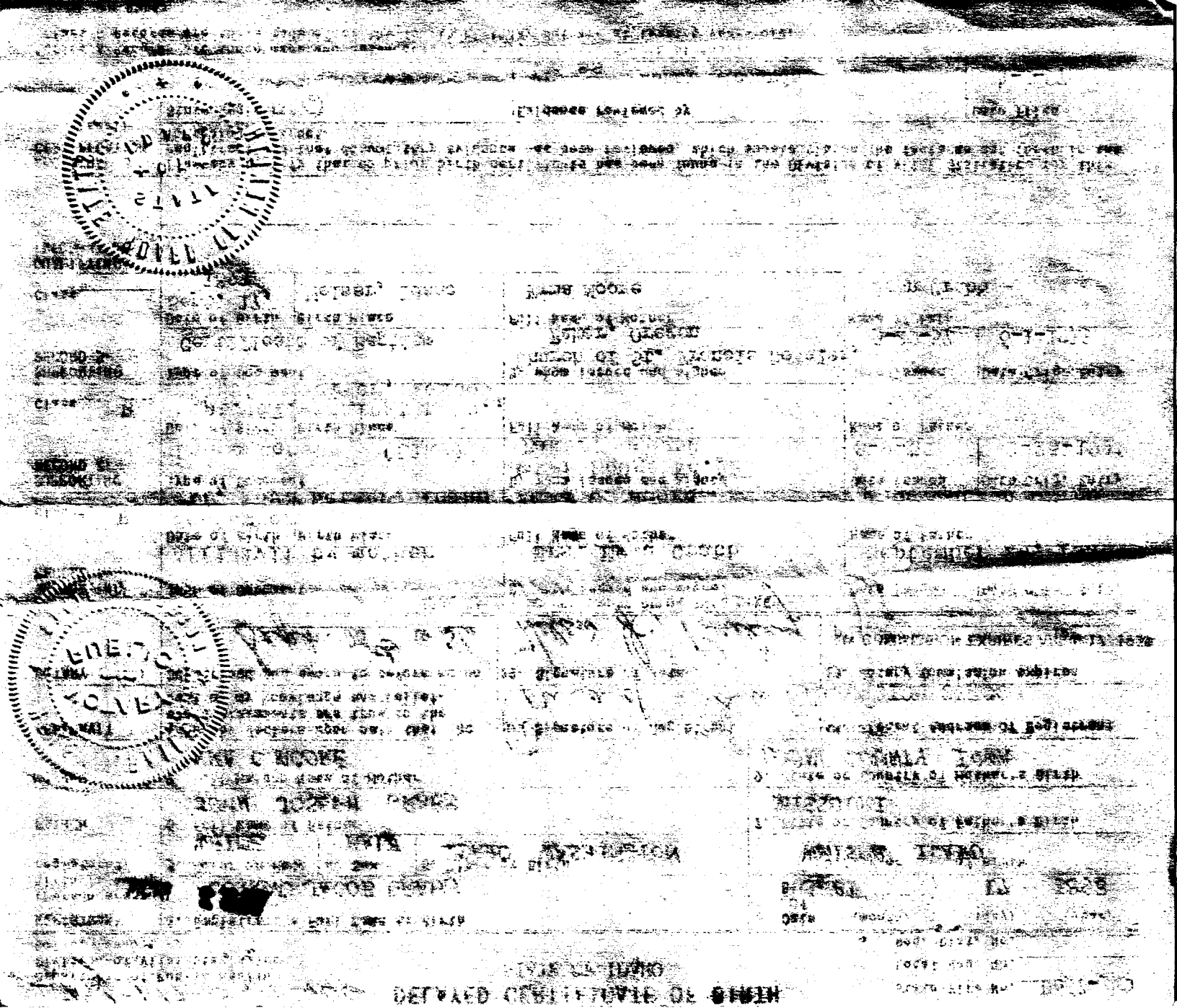
SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Emma Grabb	Date Issued: September 25, 1956	Date Orig. Entry
Class* B	Date of Birth: September 17, 1893 / Birth Place: Weiser, Idaho	Full Name of Mother: Emma C. Moore	Name of Father: John Joseph Grabb	
SUPPORTING RECORD 2.	Type of Document: Lodge Record (Elks)	By whom issued and signed: Baker Lodge No. 338 Baker, Oregon	Date Issued: 3-9-57	Date Orig. Entry: 2-25-1919
Class B	Date of Birth: Sept. 17, 1893 / Birth Place: Washington Co., Weiser, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Church of St. Francis DeSales, Baker, Oregon	Date Issued: 3-20-57	Date Orig. Entry: 6-1-1913
Class	Date of Birth: Sept. 17, 1893 / Birth Place: Weiser, Idaho	Full Name of Mother: Emma Moore	Name of Father: John Grabb	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: vr ss Nancy Richards	Date Filed: 4-2-57

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 Copy

Form DPH 49067



132-130-044-914

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De57-390
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Gilbert Ackerman			2. Date of Birth: (month) April (day) 30 (year) 1893	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Washington	b. City or Town of Birth: Cambridge	
FATHER	6. Full Name of Father: Charles Lenoard Ackerman			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Anna Alice Rambo			9. State or Country of Mother's Birth: Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Harold Gilbert Ackerman	11. Present Address of Registrant: Route 2, Redmond, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: April 1, 19 57		12. Signature of Notary: Lee M. Reynolds	13. Notary Commission expires: October 16, 19 57	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*	Type of Document: APPLICATION FOR SOCIAL SECURITY NUMBER	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov 30,1936
	Date of Birth: April 30,1893 Birth Place: Washington Co., Idaho	Full Name of ~~Mother~~ Father: Charles Ackerman	Name of ~~Father~~ Mother: Anna Rambo	
SUPPORTING RECORD 2. Class	Type of Document: OWN CHILD'S BIRTH CERTIFICATE ISSUED BY ~~HOSPITAL~~	By whom issued and signed: DR. GEORGE F. GULDAGER EUGENE, OREGON	Date Issued:	Date Orig. Entry: Child born April 10,1939
	Date of Birth: April 30,1893 Birth Place: Washington co., Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class	Type of Document: RESIDENT FISH & GAME LICENSE STATE OF IDAHO	By whom issued and signed: STATE OF IDAHO	Date Issued: May 4, 1918	Date Orig. Entry: May 4, 1918
	Date of Birth: Age 25 Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: April 10, 1957	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APPLICATION FOR SOCIAL SECURITY NUMBER

Type of Document

Date of Birth

Place of Birth

Name of Father

Name of Mother

Date Issued

Date Orig. Entry

STATE OF IDAHO

DEPARTMENT FISH & GAME LICENSE

Idaho

Washington Co.

April 10, 1895

Age 55

Full Name of Worker

Full Name of Mother

Name of Father

Date Issued

Date Orig. Entry

STATE OF IDAHO

CHILD'S BIRTH CERTIFICATE

ISSUED BY REGISTRAR

Weiser

April 10, 1895

Girl

Full Name of Child

Date of Birth

Place of Birth

Name of Father

Maiden Name of Mother

Date Issued

Date Orig. Entry

Nov 20,1956

Treasury Dept.

Mrs Hanbo

APPLICANT - DO NOT WRITE BELOW THIS LINE

Evidence received by

Joyce B. Foltz

Date Filed

April 10, 1957

Clerk A

Clerk B

Clerk C

Clerk D

Clerk E

Clerk F

Clerk G

Clerk H

Clerk I

Clerk J

Clerk K

Clerk L

Clerk M

Clerk N

Clerk O

Clerk P

Clerk Q

Clerk R

Clerk S

Clerk T

Clerk U

Clerk V

Clerk W

Clerk X

Clerk Y

Clerk Z

133-12-002847

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-582

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FREDERICK CHARLES ALLEN			2. Date Of Birth (month) (day) (year): Nov. 22 1893	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Bellevue	
FATHER	6. Full Name of Father: Harry J. Allen			7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Alice Hughes			9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frederick Charles Allen		11. Present Address of Registrant: Hailey,	
NOTARY (Seal)	Subscribed and sworn to before me on: April 24 1957	12. Signature of Notary: [illegible]		13. Notary Commission expires: MY COMMISSION EXPIRES JAN. 20, 1960 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Army		Date Issued: discharged 3-12-19	Date Orig. Entry: enlisted Aug. 5, 1918
	Date of Birth: age 24 3/4	Birth Place: Bellvue, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: on file Vital Statistics Idaho # 107441		Date Issued:	Date Orig. Entry: Child born Dec 21,1922
	Date of Birth: Age 29	Birth Place: Bellevue, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present at birth	By whom issued and signed: Ida Jones		Date Issued: May 20,1957	Date Orig. Entry:
	Date of Birth: Nov 22,1893	Birth Place: Bellevue, Idaho	Full Name of Mother: Alice Hughes	Name of Father: Harry J. Allen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: May 31, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 3 1957

DEC 16 2004

1. NAME	a. First	b. Middle	c. Last
		DeFreeze	Allen
2. Date of birth	Nov. 22 1922		
3. City or town of birth	Bellevue		
4. State or Country of Father's birth	Maryland		
5. Name of Mother's maiden	Alice Hughes		
6. State or Country of Mother's birth	Maryland		
7. Father's occupation	Hobby		
8. Signature of Applicant			
9. Notary Commission expires			
10. Signature of Notary			
11. Address			
12. Date filed			
13. Place of Residence			
14. Date filed			
15. Name of Witness			
16. Address			
17. Date filed			
18. Name of Witness			
19. Address			
20. Date filed			
21. Name of Witness			
22. Address			

313-212-010-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-714
714

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sheila Mae Lackey			2. Date of Birth (month) August (day) 12, (year) 1893
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Andrew Miller Lackey			7. State or Country of Father's Birth: Rock Bridge Co., Virginia
MOTHER	8. Full Maiden Name of Mother: Stevie Emiline Schreckhise			9. State or Country of Mother's Birth: Agusta Co., Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sheila Duncan		11. Present Address of Registrant: 17 S. W. 2nd - Ontario, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on January 29 1957	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Second Cousin	By whom issued and signed: Mrs. Ada Latham	Date Issued: December, 1956	Date Orig. Entry
	Date of Birth: August 12, 1893	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Stevie E. Lackey	Name of Father: Andrew Miller Lackey
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: Holy Rosary Hospital in Ontario, Oregon	Date Issued: Jan. 17, 1957	Date Orig. Entry: March, 1947
	Date of Birth: August 12, 1893	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: State of Idaho #57-312	Date Issued: Child's Birthdate October 17, 1933	Date Orig. Entry
	Date of Birth: Age 40	Birth Place: Idaho	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

Lodge Record from STAR CHAPTER NO. 69 ORDER OF EASTERN STAR, March 12, 1936.

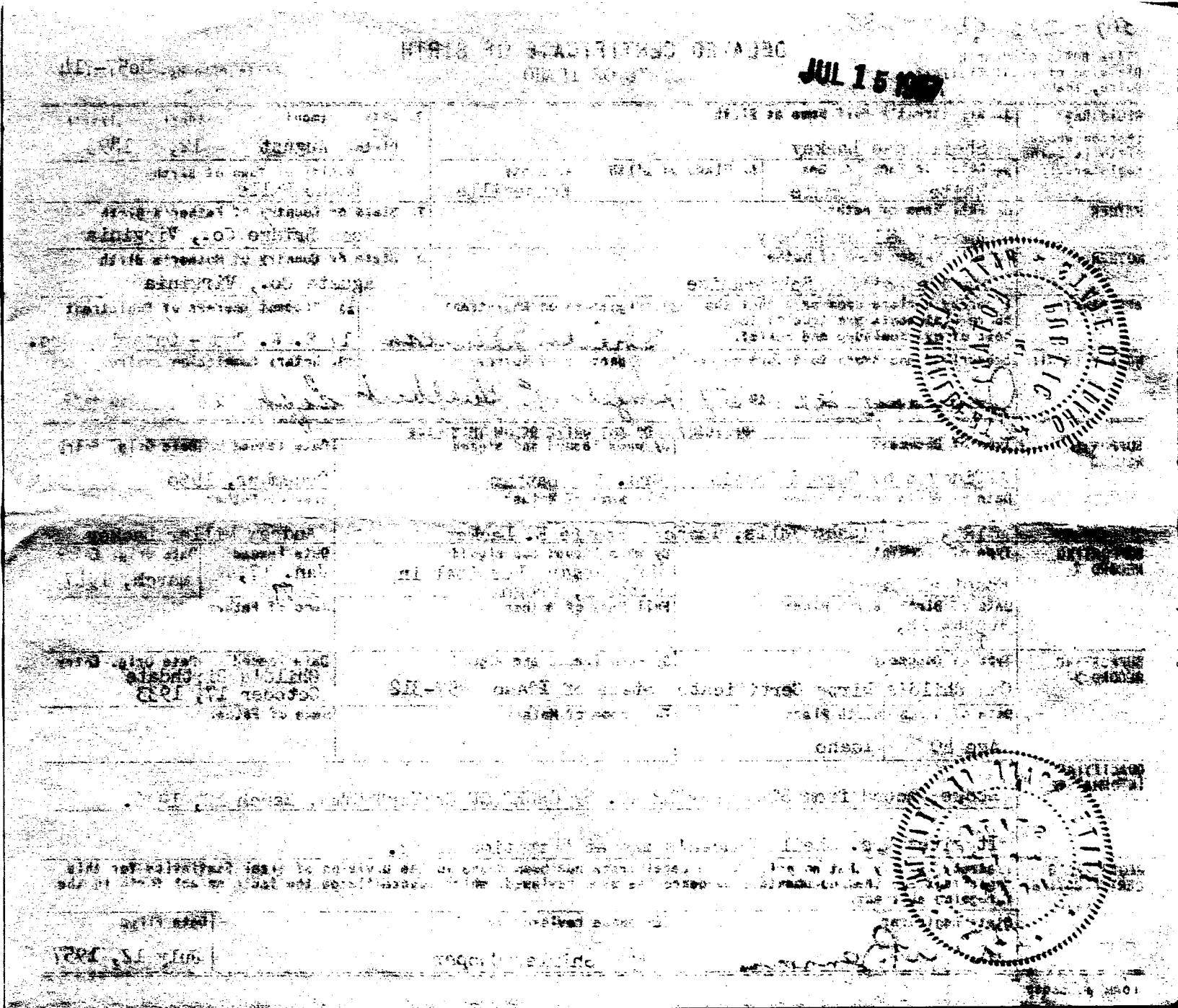
It gives Mrs. Sheila Duncan's age at that time as 42.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Bonnar	sc Shirley Cooper	July 12, 1957

FORM BH 56067



864-126-006-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-869

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Abram Robert Hodge
2. Date Of Birth (month) (day) (year): September 26 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Iona Bingham
b. City or Town of Birth: Iona Idaho

FATHER

6. Full Name of Father: Abram Robert Hodge
7. State or Country of Father's Birth: Salt Lake City Utah

MOTHER

8. Full Maiden Name of Mother: Agatha Carson
9. State or Country of Mother's Birth: Lehi Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: A. R. Hodge
11. Present Address of Registrant: Garland, Utah.

NOTARY (Seal)

Subscribed and sworn to before me on: May 28, 1957
12. Signature of Notary: [illegible]
13. Notary Commission expires: May 8, 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	Bannock Stake, Iona Ward, LDS Church	6-4-57	Dec. 7, 1893
	Date of Birth: Sept. 26, 1893 — Birth Place: Bingham Co. Iona, Idaho	Full Name of Mother: Agatha Carson	Name of Father: Abram Hodge	
SUPPORTING RECORD 2.	Affidavit by mother	Agatha Hodge Jensen	5-31-57	
	Date of Birth: Sept. 26, 1893 — Birth Place: Bingham Co. Iona, Idaho	Full Name of Mother: Agatha Hodge	Name of Father: ----	
SUPPORTING RECORD 3.	Social Security Record	Treasury Dept.		Nov. 21, 1936
	Date of Birth: Sept. 26, 1893 — Birth Place: Iona, Idaho	Full Name of Mother: Agatha Carson	Name of Father: Abram Robert Hodge	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	nr Nancy Richards	Aug. 29, 1957

FORM BH 56067

Copy Mail

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 3 0

469-214-001-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De- 57-881

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel May Morrison			2. Date of Birth (month) (day) (year): September 14, 1893
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Elmer E. Morrison			7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Chloe A. Compton			9. State or Country of Mother's Birth: West Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel May Corter		11. Present Address of Registrant: 5415 N. Albina, Portland 11, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: June 1st 1957	12. Signature of Notary: William J. Davi		13. Notary Commission expires: August 9 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle	By whom issued and signed: Warren Compton - Age 73		Date Issued: 3-9-57	Date Orig. Entry:
	Date of Birth: Sept. 14, 1893	Birth Place: Boise, Idaho	Full Name of Mother: Chloe Morrison	Name of Father: Elmer Morrison	
SUPPORTING RECORD 2.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: State of Idaho #51980		Date Issued: Child's Birthdate July 8, 1917	Date Orig. Entry:
	Date of Birth: Age 23	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Applicatiom for Soc. Security	By whom issued and signed: Treasury Dept. Internal Revenue		Date Issued: Feb. 15, 1944	Date Orig. Entry: 9/14/1893
	Date of Birth: Sept. 14, 1893	Birth Place: Boise, Idaho	Full Name of Mother: Chloe Compton	Name of Father: Elmer Morrison	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
DIVISION OF VITAL STATISTICS STATE BOARD OF HEALTH BOISE, IDAHO	Shirley Cooper SC	Sept. 3, 1957

FORM BH 56067

SEP 1

553-129-004-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-902

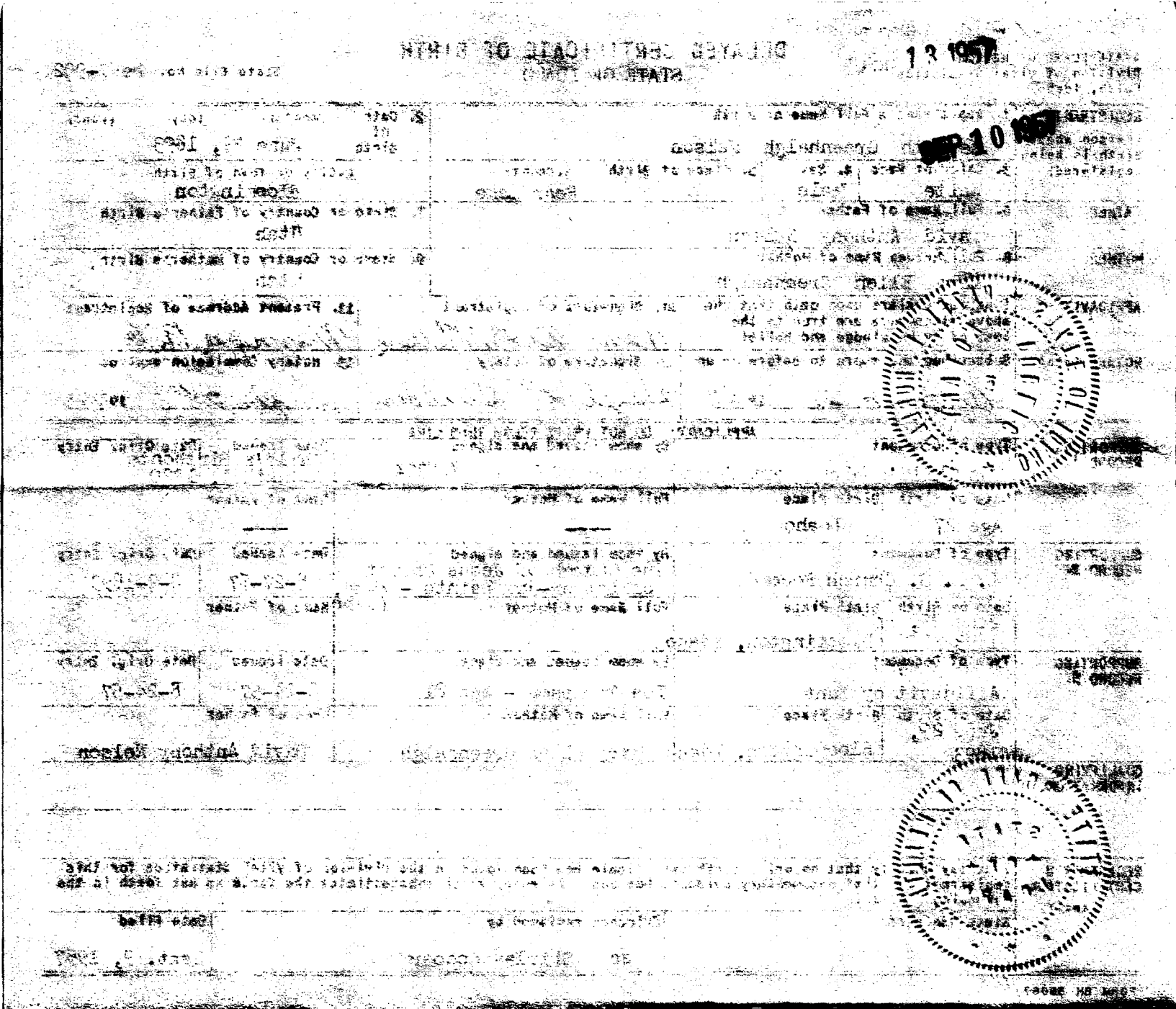
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Greenhalgh Nelson			2. Date Of Birth (month) (day) (year): June 29, 1893
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Bloomington
FATHER	6. Full Name of Father: David Anthony Nelson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Greenhalgh			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth D. Nelson		11. Present Address of Registrant: Nampa, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: August 21 1957	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: State of Idaho #85304	Date Issued: Child's Birthdate August 21,	Date Orig. Entry: 1920
	Date of Birth: Age 27	Birth Place: Idaho	Full Name of Mother: ———	Name of Father: ———
SUPPORTING RECORD 2.	Type of Document: L. D. S. Church Records	By whom issued and signed: The Church of Jesus Christ of Latter-day Saints - Kuna, Idaho	Date Issued: 8-27-57	Date Orig. Entry: 8-2-1893
	Date of Birth: June 29, 1893	Birth Place: Bloomington, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt	By whom issued and signed: Ida Thompson - age 81	Date Issued: 8-24-57	Date Orig. Entry: 8-24-57
	Date of Birth: June 29, 1893	Birth Place: Bloomington, Idaho	Full Name of Mother: Mary Ellen Greenhalgh	Name of Father: David Anthony Nelson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by: sc Shirley Cooper	Date Filed: Sept. 9, 1957

FORM BH 56067



712-129-006 -993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-910

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Paskett		2. Date of Birth (month) (day) (year): December 29 1893
	3. Color or Race: White	4. Sex: male	5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Basalt; State: Idaho
FATHER	6. Full Name of Father: Philip Andrew Paskett		7. State or Country of Father's Birth: Tetbury Gloucestershire Eng.
MOTHER	8. Full Maiden Name of Mother: Emma Richins		9. State or Country of Mother's Birth: Sheepscomb Glos. England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Paskett	11. Present Address of Registrant: Grouse Creek, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: 11th Aug 1957	12. Signature of Notary: Olive Kumber	13. Notary Commission expires: March 1 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 74	By whom issued and signed: Polly Paskett Jeffs	Date Issued: 8-11-57	Date Orig. Entry:
	Date of Birth: Dec. 29, 1893 / Birth Place: Bingham Co. Basalt, Idaho	Full Name of Mother: Emma Richins	Name of Father: Philip Andrew Paskett	
SUPPORTING RECORD 2.	Type of Document: Insurance Record	By whom issued and signed: Commercial Travelers Ins.Co.	Date Issued:	Date Orig. Entry: Oct. 15, 1947
	Date of Birth: Dec. 29, 1893 / Birth Place: Basalt, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: Grouse Creek Ward, LDS Church	Date Issued: 3-14-12	Date Orig. Entry: Sept. 6, 1902
	Date of Birth: Dec. 29, 1893 / Birth Place: Bingham Co. Basalt, Idaho	Full Name of Mother: Emma Richins	Name of Father: Philip Paskett	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Bowman	nr Nancy Richards	Sept. 12, 1957

FORM BH 56067

1 copy filed

SEP 12

619-102-035-45

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-945
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Loren Lorenzo Fairbanks			2. Date of Birth (month) Sept. (day) 2 (year) 1893	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lewiston Nez Perce	b. City or Town of Birth: Lewiston	
FATHER	6. Full Name of Father: Robert Fairbanks			7. State or Country of Father's Birth: California	
MOTHER	8. Full Maiden Name of Mother: Cora Estella Deal			9. State or Country of Mother's Birth: Ohio	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorenlorenzo Fairbanks		11. Present Address of Registrant: Paulina Star Route Prineville, Oregon.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 29 1957	12. Signature of Notary: Elsie M. Simmons		13. Notary Commission Expires: April 1 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Application	By whom issued and signed: Connecticut Mutual Life Ins. Co.		Date Issued	Date Orig. Entry: Feb. 8, 1924
Class* B	Date of Birth: Sept. 2, 1893	Birth Place: Lewiston, Idaho	Full Name of Mother: Cora E. Fairbanks	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge paper	By whom issued and signed: U. S. Marine Corps		Date Issued: discharged 5-5-19	Date Orig. Entry: enlisted May 25, 1918
Class B	Date of Birth: Sept. 2, 1893	Birth Place: Lewiston, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: age 79 Affidavit by mother's sister	By whom issued and signed: Laura Bell Lovejoy		Date Issued: 9-10-57	Date Orig. Entry:
Class B	Date of Birth: Sept. 2, 1893	Birth Place: Lewiston, Idaho	Full Name of Mother: Cora Estella Deal	Name of Father: Robert Fairbanks	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Sept. 24, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 24 1957

Class B

Date of Issue: Feb. 3, 1958

Type of Document: Supplemental Delayed Birth Record

Date of Birth: [illegible]

Birth Place: Idaho

Full Name of Mother: [illegible]

Full Name of Father: [illegible]

Date Filed: [illegible]

Date Issued and Signed: [illegible]

Name of Registrar: [illegible]

Date Registered: [illegible]

114-110-029-851

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-968

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HENRY OLIVER JAMESON (Subsequently known as Oliver Henry Jameson, and Oliver H. Jameson)
2. Date Of Birth: (month) May (day) 10 (year) 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County (near Moscow) Latah; b. City or Town of Birth: Idaho

FATHER

6. Full Name of Father: Charles Day Jameson
7. State or Country of Father's Birth: Searcy County, Arkansas

MOTHER

8. Full Maiden Name of Mother: Nannie Heath
9. State or Country of Mother's Birth: Lawrence County, Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Henry Oliver Jameson, also known as Oliver Henry Jameson and Oliver H. Jameson.
11. Present Address of Registrant: Monroe, Washington

NOTARY (seal)

Subscribed and sworn to before me on September 9th 1957

12. Signature of Notary: [signature]
13. Notary Commission expires: January 15 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Lodge Record	By whom issued and signed: Monroe Masonic Lodge #160 Washington	Date Issued:	Date Orig. Entry: Feb. 11, 1925 & Dec. 31, 1946	
	Date of Birth: May 10, 1893	Birth Place: Latah County, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle (age 16 at time of this birth)	By whom issued and signed: Ralph Rea Jameson	Date Issued: 9-17-57	Date Orig. Entry:	
	Date of Birth: May 10, 1893	Birth Place: Latah County, Idaho	Full Name of Mother: Nannie Heath	Name of Father: Charles Day Jameson	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Equitable Life Assurance Soc.	Date Issued: 7-18-38	Date Orig. Entry: July 15, 1938	
	Date of Birth: May 10, 1893	Birth Place: Latah County, Idaho	Full Name of Mother: ---	Name of Father: --- ~~Charles Day and~~ Nannie Heath Jameson	

QUALIFYING INFORMATION

Published Genealogy, 1922: born May 10, 1893 in Latah County, Idaho; Honorable Discharge, U. S. Army: discharged 4-5-19; Enlisted Sept. 3, 1918 at age 25, born-Moscow, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Nancy Richards	Oct. 3, 1957

FORM BH 56067

1601 Y 12

OCT 4

817-22-028-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1063

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Ruby Cecelia Hager			2. Date Of Birth (month) June (day) 22 (year) 1893	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Coeur d'Alene	
FATHER	6. Full Name of Father: William R. Hager			7. State or Country of Father's Birth: Memphis, Tennessee	
MOTHER	8. Full Maiden Name of Mother: Katherine Hickey			9. State or Country of Mother's Birth: Chattanooga, Tennessee	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby Hager Smith		11. Present Address of Registrant: Sillman Hotel, Spokane, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: October 7, 19 57	12. Signature of Notary: William Bruce Harland		13. Notary Commission expires: 7-29 19 58	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, age 85	By whom issued and signed: Margaret Groves		Date Issued: 9-23-57	Date Orig. Entry:
	Date of Birth: June 22, 1893	Birth Place: Kootenai Co. Coeur d'Alene, Idaho	Full Name of Mother: Katherine Hickey Hager	Name of Father: William R. Hager	
SUPPORTING RECORD 2.	Type of Document: Marriage Certificate	By whom issued and signed: Spokane County, Washington		Date Issued: 10-2-57	Date Orig. Entry: July 6, 1912
	Date of Birth: age 19	Birth Place: Idaho	Full Name of Mother: Catherine Hickey	Name of Father: Wm. Hager	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Original viewed by H. Stanley Spear, Notary Public		Date Issued: 10-26-57	Date Orig. Entry: obviously old
	Date of Birth: June 22, 1893	Birth Place: ---	Full Name of Mother: Catharine P. Hager	Name of Father: Wm. R. Hager	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	nr Nancy Richards	Nov. 6, 1957

FORM BH 56067

1 copy rcd

NOV 6 1957

753-128-006-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1096

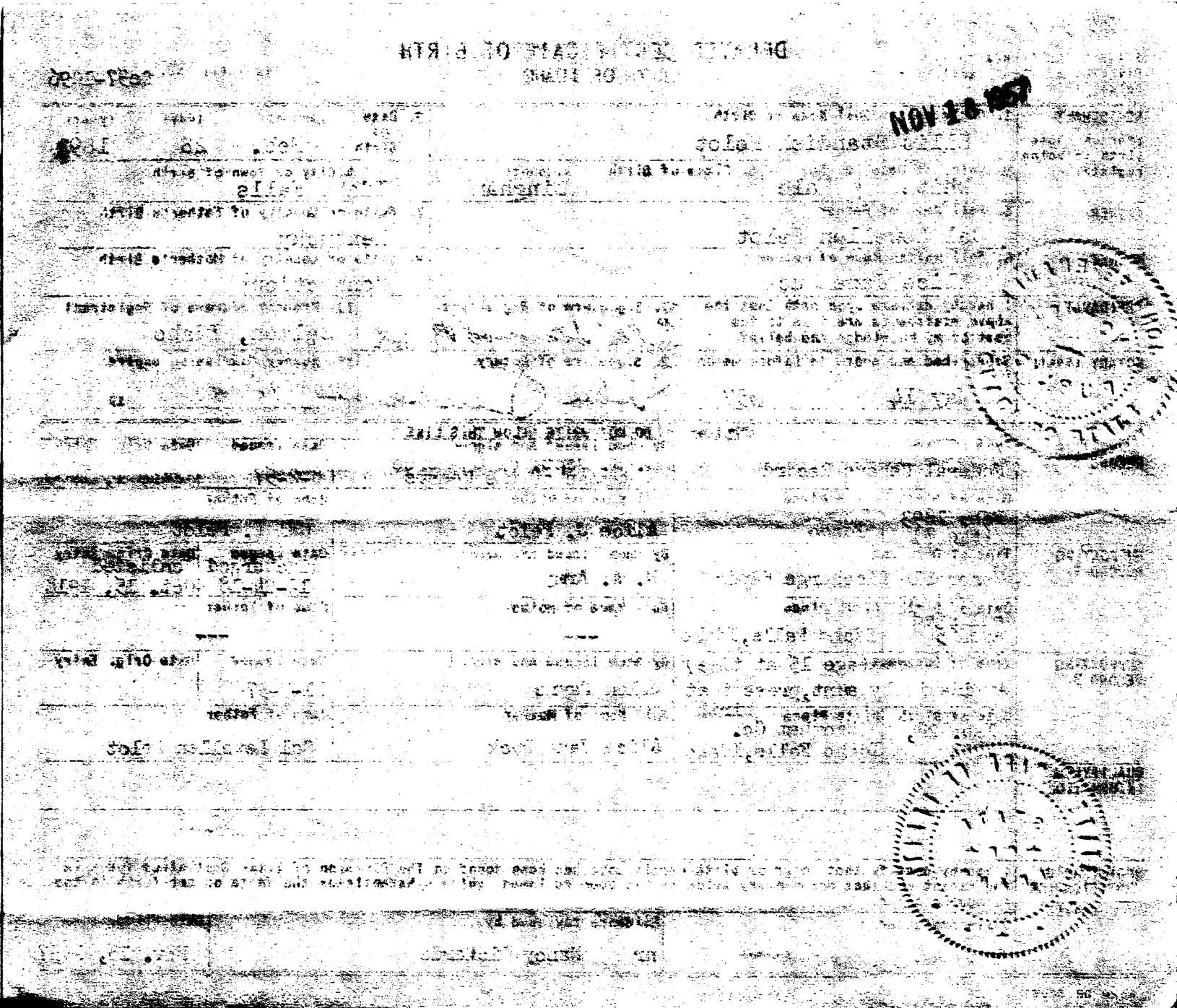
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ellis Standish Pelot			2. Date of Birth (month) Feb. (day) 28 (year) 1893
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Cal Lewellen Pelot			7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Alice Jane Buck			9. State or Country of Mother's Birth: Connecticut
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ellis Standish Pelot		11. Present Address of Registrant: Salmon, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 14 1957	12. Signature of Notary: John Lenbeam		13. Notary Commission expires: JOHN LENBEAM NOTARY PUBLIC IDAHO FALLS, IDAHO MY COMM. EXPS. [illegible] 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Dept. of Commerce Bureau of the Census	Date Issued: 8-2-57	Date Orig. Entry: June 1, 1900
	Date of Birth: Feb. 1893 (age 7) / Birth Place: Idaho	Full Name of Mother: Alice J. Pelot	Name of Father: Cal L. Pelot	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge Paper	By whom issued and signed: U. A. Army	Date Issued: discharged 12-24-18	Date Orig. Entry: enlisted Oct. 15, 1918
	Date of Birth: enlisted age 25 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: (age 15 at time) Affidavit by anmt, present at	By whom issued and signed: Helen Payne	Date Issued: 11-7-57	Date Orig. Entry:
	Date of Birth: Feb. 28, 1893 / Birth Place: birth Bingham Co. Idaho Falls, Idaho	Full Name of Mother: Alice Jane Buck	Name of Father: Cal Lewellen Pelot	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Jenson	Evidence reviewed by: nr Nancy Richards	Date Filed: Nov. 15, 1957

FORM BH 56067



595-217-015-243

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1107
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bessie Leona Nielson
2. Date of Birth: (month) 12 (day) 17 (year) 1893
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County: Caribou; b. City or Town of Birth: Soda Springs, Idaho

FATHER

6. Full Name of Father: Joseph A. Nielson
7. State or Country of Father's Birth: DENMARK

MOTHER

8. Full Maiden Name of Mother: Mary Elizabeth Butler
9. State or Country of Mother's Birth: IDAHO, U S A

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bessie L. Griffin
11. Present Address of Registrant: 620 - 2 0th St. So. Lethbridge Alta Canada

NOTARY (Seal)

Subscribed and sworn to before me on MAY 28th 1957

12. Signature of Notary: Donald V. Steele
13. Notary Commission expires: At Pleasure 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Church Record
By whom issued and signed: Rigby Stake, Palisade Ward, LDS Church
Date Issued: 5-21-57
Date Orig. Entry: Aug. 6, 1904

Class* B
Date of Birth: Dec. 17, 1893
Birth Place: Soda Springs, Ida.
Full Name of Mother: Mary E. Butler
Name of Father: Joseph A. Nielson

SUPPORTING RECORD 2.

Type of Document: Affidavit by aunt, age 74
By whom issued and signed: Hattie M. Jacobson
Date Issued: 5-25-57
Date Orig. Entry:

Class B
Date of Birth: Dec. 17, 1893
Birth Place: Caribou County Soda Springs, Ida.
Full Name of Mother: Mary Elizabeth Butler Nielson
Name of Father: Joseph A. Nielson

SUPPORTING RECORD 3.

Type of Document: Family Record
By whom issued and signed: viewed by Vital Statistics Division on
Date Issued: 11-22-57
Date Orig. Entry: obviously old

Class B
Date of Birth: Dec. 17, 1893
Birth Place: Soda Springs, Idaho
Full Name of Mother: Mary Elizabeth Butler Nielson
Name of Father: Joseph A. Nielson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: nr Nancy Richards
Date Filed: Nov. 22, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 22 1937

449-210-016-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1151

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Cecil Ellen Durfee
2. Date Of Birth (month) (day) (year): August 10, 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Cassia
b. City or Town of Birth: Almo

FATHER

6. Full Name of Father: Myron Francillo Durfee
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Ann Rich
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cecil Lowe
11. Present Address of Registrant: Elba, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: November 19 1957
12. Signature of Notary: A. W. Lowe
13. Notary Commission expires: Feb 28 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by person present at time of this birth	Syvella Wake Lowe - age 81	8-16-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 10, 1893	Almo, Cassia Co., Idaho	Mary Ann Rich	Myron Francillo Durfee

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Life Insurance	Occidental Life Insurance Co. Los Angeles, California		June 9, 1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 10, 1893	Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Records	LDS Church Almo, Idaho		baptised Aug. 9, 1902

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 10, 1893	Almo, Idaho	Mary Ann Rich	Myron Francille Durfee

QUALIFYING INFORMATION

Own Child's birth certificate, State of Idaho #20192, child's birthdate 1-27-1914 shows age as 20; birthplace as Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barsom	Nancy Richards sc	Dec. 5, 1957

FORM BH 56067

1 copy pd

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 6 1967

Mary Ann Bush

Pocatello

Bingham

Idaho

Female

Caucasian

Single

December 10, 1923

Pocatello, Idaho

Bingham

Idaho

Father

Mary Ann Bush

Pocatello, Idaho

Bingham

Idaho

Mother

Mary Ann Bush

Pocatello, Idaho

Bingham

Idaho

Physician

Attended birth

Pocatello, Idaho

Bingham

Idaho

Informant

Mary Ann Bush

Pocatello, Idaho

Bingham

Idaho

Mary Ann Bush

Pocatello, Idaho

Bingham

Idaho

Clerk of Court

Pocatello, Idaho

Bingham

Idaho

Clerk of Court

Pocatello, Idaho

Bingham

Idaho

Clerk of Court

419-102-001-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1159

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Frank Martin			2. Date Of Birth (month) June (day) 2 (year) 1893
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Ada	b. City or Town of Birth: Star
FATHER	6. Full Name of Father: Thomas Benton Martin			7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Mary Jane Morris			9. State or Country of Mother's Birth: Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: J. F. Martin		11. Present Address of Registrant: 1919 Harrison Blvd Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 5, 1957 19	12. Signature of Notary: Charles E. Armstrong		13. Notary Commission expires: Jan 19, 1959 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by older brother	By whom issued and signed: L. D. Martin - age 80	Date Issued: 12-5-57	Date Orig. Entry:
	Date of Birth: June 2, 1893 / Birth Place: Ada County Star, Idaho	Full Name of Mother: Mary Jane Morris	Name of Father: Thomas Benton Martin	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #69634	Date Issued: Child's birthdate March 31,	Date Orig. Entry: 1919
	Date of Birth: Age 25 / Birth Place: Star, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Life Insurance Policy	By whom issued and signed: Oregon Life Insurance Co. Portland, Oregon	Date Issued: May 20, 1927	Date Orig. Entry:
	Date of Birth: June 2, 1893 / Birth Place: Star, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Cooper	Date Filed: Dec. 6, 1957

FORM BH 56067

CERTIFIED COPY OF CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 0

1. NAME	2. SEX: Male
3. THIS BIRTH	4a. DATE OF BIRTH: December 5, 1951
4b. HOUR OF BIRTH: 2	5. CITY, TOWN OR LOCATION OF BIRTH: Twin Falls
6. COUNTY OF BIRTH: Twin Falls	7. HOSPITAL OR INSTITUTION: Twin Falls County General Hospital
8. IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION:	9. RESIDENCE OF MOTHER: Street Address: 1214 Addison Ave. E. City, Town or Location: Twin Falls County: Twin Falls State: Idaho
10. FULL NAME OF FATHER: Thomas Denton Martin	11. AGE AT LAST BIRTHDAY: 29
12. BIRTHPLACE: Arkansas	13. OCCUPATION: Farmer
14. FULL MAIDEN NAME OF MOTHER: Mary Jane Morris	15. AGE AT LAST BIRTHDAY: 27
16. BIRTHPLACE: Idaho	17. OCCUPATION: Housewife
18. INFORMANT: I hereby certify that I attended the birth of the child above described and that the facts stated above are true to the best of my knowledge and belief.	19. SIGNATURE OF INFORMANT: [illegible]
20. ATTENDANT: Certifying M.D. began to attend mother on Dec 5, 1951	21. SIGNATURE OF ATTENDANT: [illegible]
22. ADDRESS OF ATTENDANT: 1214 Addison Ave. E. Twin Falls, Idaho	23. DATE SIGNED: Jan 29, 1952
24. REGISTRAR: [illegible]	25. DATE RECEIVED BY REGISTRAR: Jan 29, 1952

I, the undersigned, hereby certify that the above is a true and correct copy of the certificate of birth filed in the office of the State Registrar of Vital Statistics, Boise, Idaho.

Witness my hand and seal of the State Department of Health, this 2nd day of January, 1952.

[illegible]
State Registrar of Vital Statistics

Deputy

268-122-028-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1167

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charles Alfred Boyer
2. Date of Birth (month) April (day) 22 (year) 1893
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County Kootenai, b. City or Town of Birth Kootenai, Idaho

FATHER

6. Full Name of Father: Alfred Boyer
7. State or Country of Father's Birth: Scioto, Ohio

MOTHER

8. Full Maiden Name of Mother: Ella G.Haney
9. State or Country of Mother's Birth: Lawrence, Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charles A. Boyer.
11. Present Address of Registrant: Hebo, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on November 22 1957

12. Signature of Notary: Elizabeth Bagley
13. Notary Commission expires: August 3 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 75		By whom issued and signed: Grace Borthwick	Date Issued: 11-18-57	Date Orig. Entry:
	Date of Birth: April 22, 1893	Birth Place: Kootenai, Idaho	Full Name of Mother: Ella G. Haney	Name of Father: Alfred Boyer	
SUPPORTING RECORD 2.	Type of Document: Photostat of bible record		By whom issued and signed: viewed by County Clerk, Tillamook Co., Ore., Gladys L. Hoover	Date Issued: on 12-3-57	Date Orig. Entry: old
	Date of Birth: April 22, 1893	Birth Place: Kootenai, Idaho	Full Name of Mother: LuElla G. Haney	Name of Father: Alfred Boyer	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: Bonner Co. Class A School Dist. No. 82, Sandpoint, Ida.	Date Issued: 11-14-57	Date Orig. Entry: Sept. 1911
	Date of Birth: age 18	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

First National Bank of Portland, Ore. Record, 11-15-57: application of Sept. 23, 1950, age 57. Voting Record Tillamook Co., Ore.: Apr. 14, 1952: born Kootenai, Idaho; parents Alfred and Luella Boyer.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	Dec. 10, 1957

FORM BH 56067 1 copy paid

DEC 10 1957

141-N24-029-169

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1173

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Fredrick Adamson			2. Date of Birth (month) (day) (year): September 24, 1893
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Genesee, Idaho
FATHER	6. Full Name of Father: Christian Adamson			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Anna Jorgensen			9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Fredrick Adamson		11. Present Address of Registrant: 442 Montana Street, Gooding, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 5 1957	12. Signature of Notary: Mary Schmidt		13. Notary Commission expires: Feb. 10 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Service Record of Discharge	By whom issued and signed: Gooding County Book of U. S. Army Discharge Records.	Date Issued: copied 11-22-57	Date Orig. Entry: Enlisted Aug. 13, 1918	
	Date of Birth: Sept. 24, 1893	Birth Place: U. S.	Full Name of Mother: Anna Adamson	Name of Father: Christian Adamson	
SUPPORTING RECORD 2.	Type of Document: Voting Record	By whom issued and signed: Gooding County, Idaho	Date Issued: 11-22-57	Date Orig. Entry: Aug. 5, 1930	
	Date of Birth: Sept. 24, 1893	Birth Place: Genesee, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #152869	Date Issued:	Date Orig. Entry: child born May 26, 1927	
	Date of Birth: age 33	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

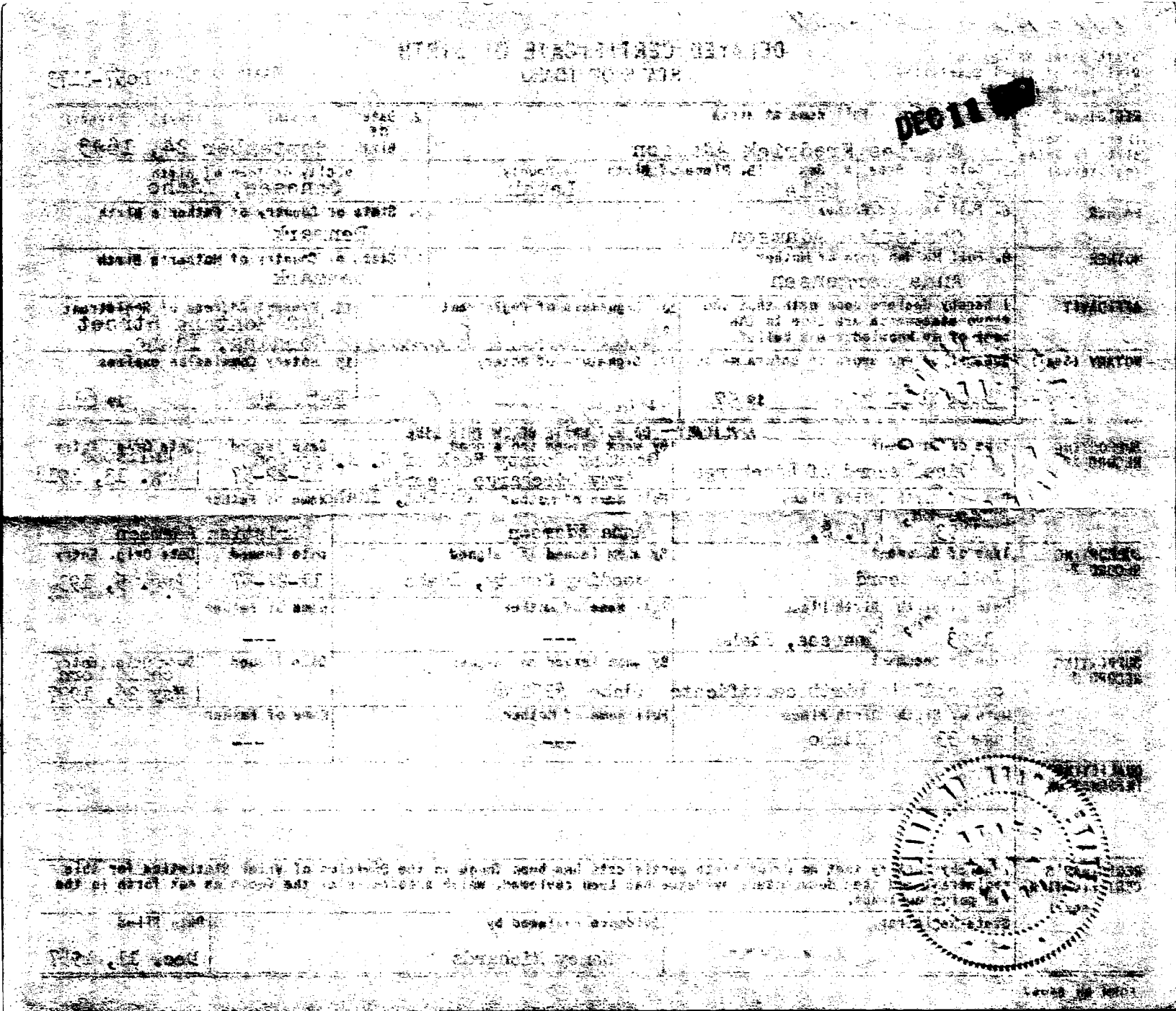
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Jensen	Nancy Richards	Dec. 11, 1957

FORM BH 56067

1 Cert Rel



319-206-015-815

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1196
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie Althea Tarr			2. Date of Birth (month) December (day) 6 (year) 1893
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Soda Springs	b. City or Town of Birth: Soda Springs
FATHER	6. Full Name of Father: Jacob Ezra Tarr			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Annie Abalula Hansen			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elsie althea Tarr Bagley		11. Present Address of Registrant: 408 No 11th Ave Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 10th 1957	12. Signature of Notary: N K Hubble		13. Notary Commission expires: July 14 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Annie A. Tarr		Date Issued: 7-5-56	Date Orig. Entry:
Class* B	Date of Birth: Dec. 6, 1893	Birth Place: Soda Springs, Idaho	Full Name of Mother: Annie Abalula Hansen Tarr	Name of Father: Jacob Ezra Tarr	
SUPPORTING RECORD 2.	Type of Document: Church Record--Baptism	By whom issued and signed: First Presbyterian Church Pocatello, Idaho		Date Issued: 10-28-57	Date Orig. Entry: March 31, 1936
Class B	Date of Birth: Dec. 6, 1893	Birth Place: Soda Springs, Ida.	Full Name of Mother: Annie Abalula Hansen Tarr	Name of Father: Jacob Ezra Tarr	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #66563		Date Issued:	Date Orig. Entry: child born Feb. 1, 1919
Class B	Date of Birth: age 25	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Nancy Richards	Dec. 23, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 23 1957

815-120-004-468

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1214

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Delbert Hansen			2. Date Of Birth (month) 9 (day) 20 (year) 1893	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: St. Charles, Idaho	
FATHER	6. Full Name of Father: Ole W. Hansen			7. State or Country of Father's Birth: Norway	
MOTHER	8. Full Maiden Name of Mother: Ruth Caroline Morey			9. State or Country of Mother's Birth: San Bernardino, Calif.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Delbert Hansen	11. Present Address of Registrant: 489 Randolph	
NOTARY (Seal)	Subscribed and sworn to before me on December 17 19 57		12. Signature of Notary: F. E. Tydeman	13. Notary Commission expires: February 20 19 60	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism		By whom issued and signed: LDS Church, Salt Lake City, Ut.	Date Issued: 10-16-57	Date Orig. Entry: Aug. 21, 1903
	Date of Birth: Sept. 20, 1893	Birth Place: St. Charles, Idaho	Full Name of Mother: Ruth Caroline Morey	Name of Father: Ole W. Hansen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth, age 74		By whom issued and signed: Charles Hansen	Date Issued: 7-17-57	Date Orig. Entry:
	Date of Birth: Sept. 20, 1893	Birth Place: St. Charles, Idaho	Full Name of Mother: Ruth Caroline Morey	Name of Father: Ole W. Hansen	
SUPPORTING RECORD 3.	Type of Document: Statement re: insurance policy application		By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: 9-2-57	Date Orig. Entry: Sept. 3, 1940
	Date of Birth: Sept. 20, 1893	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Federal Census Record, U. S. Bureau of the Census, 11-19-57: Census of April 1, 1940--age 46; born in Idaho.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: D. W. Bergan		Evidence reviewed by: Nancy Richards		Date Filed: Dec. 27, 1957

FORM BH 56067

296-118-026-463

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-81

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GEORGE HENRY BROWNING		2. Date Of Birth (month) (day) (year): January 18, 1893
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: b. City or Town of Birth: Annis
FATHER	6. Full Name of Father: James Austin Browning		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Emily Ann Dofelmier		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Henry Browning	11. Present Address of Registrant: Newdale Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 17 1958	12. Signature of Notary: R I Adams	13. Notary Commission expires: June 5 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, age 87 (neighbor at time)	By whom issued and signed: Emma Hansen	Date Issued: 1-4-57	Date Orig. Entry:
	Date of Birth: Jan. 18, 1893 / Birth Place: Jefferson Co. Annis, Idaho	Full Name of Mother: Emily Ann Browning	Name of Father: James Austin Browning	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Fremont Co., Idaho	Date Issued: 1-9-58	Date Orig. Entry: July 29, 1912
	Date of Birth: age 19 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: viewed by Div. of Vital Statistics	Date Issued: 2-4-58	Date Orig. Entry: obviously old record
	Date of Birth: Jan. 18, 1893 / Birth Place: Annis, Idaho	Full Name of Mother: Emely Ann Dofelmier	Name of Father: James Austin Browning	
QUALIFYING INFORMATION	own child's birth certificate, Idaho #15588: child born Aug. 20, 1913; father born in Idaho; age 20.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W L Benson	Evidence reviewed by: Nancy Richards		Date Filed: Feb. 4, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR

1. Name of child (If not known, so state)

2. Date of Birth

3. Sex

4. Place of Birth

5. County of Birth

FATHER

6. Full Name

7. Color or Race

8. Age at last birthday

9. Birthplace (State or Country)

MOTHER

10. Full Maiden Name

11. Color or Race

12. Age at last birthday

13. Birthplace (State or Country)

AFFIDAVIT

I hereby (We hereby) certify that the above statements are true to the best of my (our) knowledge and belief.

14. Signature of Affiant

15. Address of Affiant

16. Relationship

Subscribed and sworn to before me on

17. Signature of Notary

18. Official Capacity

19. Address

DELAYED REGISTRATION

Facts established by

Birth Record

Other Documentary Evidence

Signature of Registrar

Date Filed

CERTIFICATION

I hereby certify that a certificate has been found in the Division of Vital Statistics for this person. It bears file number [illegible], which substantiates the facts as set forth in the foregoing statement.

Registrar

Date Issued

652706-029-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-88

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Wilbur West
2. Date Of Birth (month) (day) (year): JUNE 6 1893
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth a. County: PRINCETON LATAH
b. City or Town of Birth:

FATHER

6. Full Name of Father: ISAAC ANDREW WEST
7. State or Country of Father's Birth: KENTUCY

MOTHER

8. Full Maiden Name of Mother: MARTHA CRAYNE
9. State or Country of Mother's Birth: KENTUCY

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George Wilbur West
11. Present Address of Registrant: 3709 W. ALASKA, SEATTLE 1, WASH.

NOTARY (Seal)

Subscribed and sworn to before me on January 19, 1958

12. Signature of Notary: Jessie D. Nile
13. Notary Commission expires: Jan. 13, 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Registration Card	Selective Service System General Services Administration		June 5, 1917
	Date of Birth June 6, 1893 / **Birth Place** Prinston, Idaho	**Full Name of Mother** ---	**Name of Father** ---	
SUPPORTING RECORD 2.	Marriage Record	Whitman Co., Washington		Feb. 10, 1911
	Date of Birth age 20 / **Birth Place** Idaho	**Full Name of Mother** Martha Crayne	**Name of Father** Isaac West	
SUPPORTING RECORD 3.	own child's birth certificate	Washington #81-8	9-19-47	child born Sept. 4, 1929
	Date of Birth age 36 / **Birth Place** Idaho	**Full Name of Mother** ---	**Name of Father** ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Nancy Richards	Feb. 5, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 5 [illegible]

Idaho

281-22-201-664

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-96

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Grace Elizabeth Shawver
2. Date of Birth (month) (day) (year): November 22, 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Ada
   b. City or Town of Birth: Boise, Idaho

FATHER

6. Full Name of Father: Albert Otis Shawver
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Sofia Bell Fouch
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Grace Elizabeth Shawver Scott
11. Present Address of Registrant: Cascade Ida Bx 123

NOTARY (Seal)

Subscribed and sworn to before me on: December 16 1957

12. Signature of Notary: T E Campbell
13. Notary Commission expires: 5/12 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Voting Record--Registration	Valley Co. Auditor, Idaho	8-22-57	Oct. 23, 1926
	Date of Birth: age 32 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth, age 77	By whom issued and signed: Vesteenia Jane (Whitlock) Vaughan	Date Issued: 12-13-57	Date Orig. Entry:
	Date of Birth: Nov. 22, 1893 / Birth Place: Ada Co. Boise, Idaho	Full Name of Mother: Sofia Bell Fouch (Shawver)	Name of Father: Albert Otis Shawver	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: St. Alphonsus Hospital Boise, Idaho	Date Issued: 2-7-58	Date Orig. Entry: Dec. 12, 1938
	Date of Birth: Nov. 22 age 45 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	

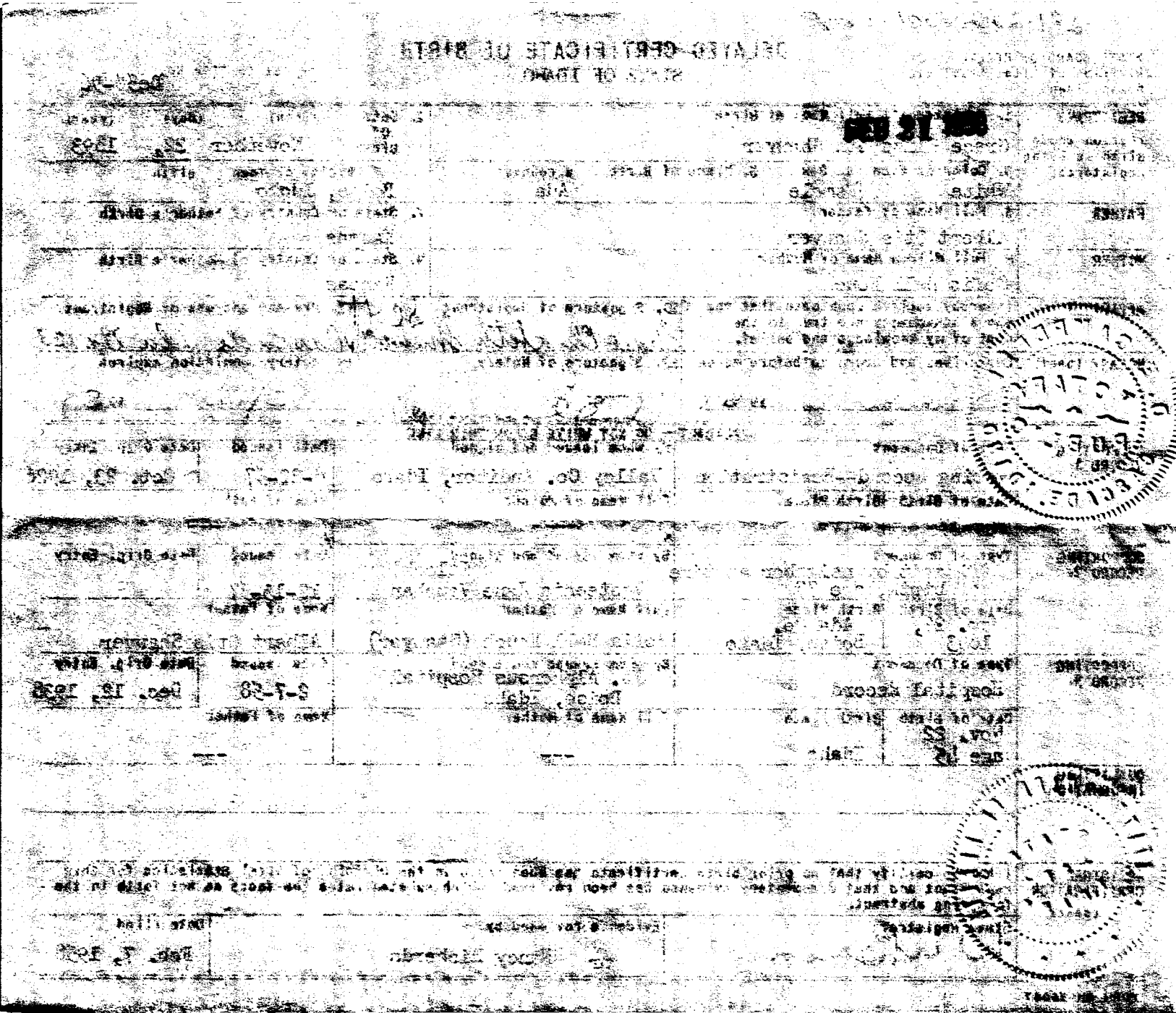
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	nr Nancy Richards	Feb. 7, 1958

FORM BH 56067



844-17-004-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-114

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LESTER SAMUEL HUMPHREYS			2. Date of Birth: (month) August (day) 17 (year) 1893	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BEAR LAKE	b. City or Town of Birth: PARIS	
FATHER	6. Full Name of Father: SAMUEL SUDBURY HUMPHREYS			7. State or Country of Father's Birth: PARIS IDAHO	
MOTHER	8. Full Maiden Name of Mother: IDA M. SMEDLEY			9. State or Country of Mother's Birth: DELAWARE	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: L B Humphrey	11. Present Address of Registrant: Belle Fourche, S. Dak.	
NOTARY (Seal)	Subscribed and sworn to before me on: December 10, 19 57		12. Signature of Notary: W. J. Wolfinden	13. Notary Commission expires: My Commission Expires June 27, 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: (age 78) Affidavit by neighbor at time of birth	By whom Issued and Signed: Charles E. Humpherys		Date Issued: 9-27-57	Date Orig. Entry:
	Date of Birth: Aug. 17, 1893	Birth Place: Bear Lake Co. Paris, Idaho	Full Name of Mother: Ida M. Smedley	Name of Father: Samuel Sudbury Humpherys	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom Issued and Signed: Idaho #120908		Date Issued:	Date Orig. Entry: child born Apr. 5, 1924
	Date of Birth: age 30	Birth Place: Paris, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom Issued and Signed: 2nd Quorum of Elders of Shelley Stake, LDS Church		Date Issued: 10-10-15	Date Orig. Entry: Aug. 31, 1901
	Date of Birth: Aug. 17, 1893	Birth Place: Bear Lake Co. Paris, Idaho	Full Name of Mother: Ida M. Smedley	Name of Father: Samuel S. Humphreys	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Beacom	mr Nancy Richards	Feb. 13, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF UTAH

FEB 19 1952

1. Name at birth		2. Date of birth	3. Sex
		August 17, 1924	Female
4. Place of birth (County)		5. Color or race	6. Age at last birthday
Salt Lake		White	27
7. Name of father		8. Birthplace of father	
[illegible]		Utah	
9. Maiden name of mother		10. Birthplace of mother	
[illegible]		Utah	
11. Name and address of informant		12. Relationship	
Self			
13. Name and address of person having custody of child if not parents			

The above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on December 20, 1951

[illegible]

14. Date Filed: Dec. 20, 1951

15. Signature of Official: [illegible]

16. Title: Deputy Registrar

17. Evidence Presented: Affidavit

18. Remarks: [illegible]

Registrar's No. 52-005-1

STATE OF UTAH
COUNTY OF SALT LAKE
FILED
FEB 19 1952
REGISTRAR OF VITAL STATISTICS

295422-001-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-123
123

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Burton Tom Kinzer			2. Date of Birth (month) August (day) 22 (year) 1893	
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise Idaho	
FATHER	6. Full Name of Father: George James Kinzer			7. State or Country of Father's Birth: Argo Nebraska	
MOTHER	8. Full Maiden Name of Mother: Etta Alice Smith			9. State or Country of Mother's Birth: Emerson Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Burton Tom Kinzer		11. Present Address of Registrant: 5607 Cruzen Rd Boise Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 17 1958	12. Signature of Notary: G L McAtee		13. Notary Commission expires: dec. 31 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photostatic copy of original Social Security Application	By whom issued and signed: Treasury Department		Date Issued: 1-8-52	Date Orig. Entry:
	Date of Birth: Aug. 22, 1893	Birth Place: Ada County Boise, Idaho	Full Name of Mother: Etta Alice Smith		Name of Father: George James Kinzer
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Modern Woodmen of America		Date Issued: Mar 15, 1928	Date Orig. Entry:
	Date of Birth: Aug. 22, 1893	Birth Place: Ada County Boise, Idaho	Full Name of Mother: ---		Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Register of Elections	By whom issued and signed: Ada County Greenmeadow Precinct		Date Issued: June 17, 1926	Date Orig. Entry:
	Date of Birth: Age 32	Birth Place: Idaho	Full Name of Mother: ----		Name of Father: ----
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Shirley Cooper	Feb. 17, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of person whose birth is recorded (First, middle, last)	2. Date of birth (month, day, year)
3. Place of birth (county, city or town)	4. Sex
5. Name of father	6. Color or race
7. Age at last birthday	8. Birthplace (State or country)
9. Name of mother	10. Color or race
11. Age at last birthday	12. Birthplace (State or country)
13. Name and address of informant	14. Relationship to person whose birth is recorded
15. Signature of informant	16. Date signed
17. Name and address of person who prepared this record	

I hereby certify that the above is a true and correct copy of the record of birth filed in this office.

Date issued: -2-52

Director, Bureau of Vital Statistics

Treasury Department

Public Health Service

Form 1-DC (Rev. Dec. 1951)

796-130-040-468

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-126

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Otto Herman Grosse			2. Date of Birth (month) (day) (year): September 30th, 1893
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Shoshone
FATHER	6. Full Name of Father: Otto Herman Grosse			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Emma Dohmeyer			9. State or Country of Mother's Birth: Milwaukee, Wisconsin, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Otto Herman Grosse		11. Present Address of Registrant: 2468 No. Hubbard Street, Milwaukee, Wisconsin
NOTARY (Seal)	Subscribed and sworn to before me on: April 29th 1957	12. Signature of Notary: Philip Morbey, Milwaukee County, Wis.		13. Notary Commission expires: January 15th 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 24, 1936
	Date of Birth: Sept. 30, 1893	Birth Place: Shoshone, Idaho	Full Name of Mother: Emma Dohmeyer	Name of Father: Otto Herman Grosse
SUPPORTING RECORD 2.	Type of Document: Application for insurance	By whom issued and signed: Hummel & Downing Co. Basic Life	Date Issued:	Date Orig. Entry: June 6, 1934.
	Date of Birth: Sept. 30, 1893	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Milwaukee County Milwaukee, Wisconsin	Date Issued: 6-24-25	Date Orig. Entry: June 24, 1925
	Date of Birth: age 31	Birth Place: Idaho	Full Name of Mother: Emma Dohmeyer	Name of Father: Otto H. Grosse
QUALIFYING INFORMATION	Employment Identification Card, dated Sept. 15, 1942, Hummel & Downing Co.; Milwaukee, Wis.: born Sept. 30, 1893 in Shoshone, Idaho.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. M. Benson	Evidence reviewed by: nr Nancy Richards		Date Filed: Feb. 18, 1958

FORM BH 56067

FEB 19 1958

735-15-036-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-131

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Willford G Gleed
2. Date Of Birth (month) June (day) 15 (year) 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County, Oneida
b. City or Town of Birth: Malad Idaho

FATHER

6. Full Name of Father: William G Gleed
7. State or Country of Father's Birth: Cardiff Wales

MOTHER

8. Full Maiden Name of Mother: Elizabeth M C. Kay
9. State or Country of Mother's Birth: Salt Lake City Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Willford Gleed
11. Present Address of Registrant: 360 N - 100 - Malad Ida

NOTARY (Seal)

Subscribed and sworn to before me on Feb. 4 1958

12. Signature of Notary: Jas. B. Jones
13. Notary Commission expires: Nov. 20 1960

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record - Baptism	Elden Glen Archibald, Ward Clerk, Malad 4th Ward, Idaho	2-4-58	Jan. 5, 1918
	Date of Birth: June 15, 1893 / Birth Place: Oneida Co. Malad, Idaho	Full Name of Mother: Elizabeth McKay	Name of Father: William Gleed	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Oneida County, Idaho	Date Issued: 1-31-58	Date Orig. Entry: Jan. 20, 1915
	Date of Birth: age 21 / Birth Place: Malad, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #99513	Date Issued:	Date Orig. Entry: child born Jan. 28, 1922
	Date of Birth: age 28 / Birth Place: Malad, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	Feb. 19, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 16 1977

Type of Document: Delayed Record - Baptism	Date Issued: Jan. 5, 1939
By whom issued and where: Idaho County, Idaho	Date Orig. Entry:
Date of Birth: Aug. 25	Place of Birth: Idaho
Full Name of Mother: ---	Maiden Name of Mother: ---
Full Name of Father: ---	Name of Father: ---
Date Filed: Nov. 29, 1938	Evidence received: Notary Statement

Notary Commission expires Nov. 20, 19 50

Signature of Notary

Signature of Applicant

Relationship

Signature of Registrar

Date Filed

Evidence received

Name at Birth

Date of Birth

Place of Birth

Mother's Maiden Name

Father's Name

Date Issued

By whom issued and where

Date Orig. Entry

813-13-037-216

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-140

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WILLIAM HALLBERG
2. Date of Birth (month) (day) (year): April 13th. 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Owyhee
b. City or Town of Birth: Wilson

FATHER

6. Full Name of Father: Albin Hallberg
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Helena Maria Sjoman
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William Hallberg
11. Present Address of Registrant: 419 13th. Ave. S. Nampa

NOTARY (Seal)

Subscribed and sworn to before me on: January 17th. 1958
12. Signature of Notary: E. D. Hyslop
13. Notary Commission expires: Nov. 22, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Mutual Benefit Health & Accident Assoc	3-12-34	March 9, 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 13, 1893	Idaho	Helena Hallberg	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge Paper	U. S. Army	discharged May 8, 1919	enlisted Sept. 18, 1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
enlistment age 24 5/12	Wilson, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Helena Maria Hallberg	2-5-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 13, 1893	Wilson, Idaho	Helena Maria Hallberg	Albin Hallberg

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards nr	Feb. 24, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 25

Apr. 13th, 1893

Nov. 22, 1958

Feb. 24, 1958

755-715-020-944

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De58-174
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Joel Whipple Geerhart
2. Date Of Birth (month) Mar. (day) 15 (year) 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Elmore
b. City or Town of Birth: Mtn. Home

FATHER

6. Full Name of Father: Charles Sherman Geerhart
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Mary Jane Rudisill
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jom W. Geerhart
11. Present Address of Registrant: 1205 E Hays Boise Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: March 4, 1958
12. Signature of Notary: Robert A. Lamm
13. Notary Commission expires: December 31, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*_____	Type of Document: Affidavit by Father		By whom issued and signed: C. S. Geerhart	Date Issued: 3-1-58	Date Orig. Entry:
	Date of Birth: March 15, 1893	Birth Place: Mtn. Home, Idaho	Full Name of Mother: Mary Jane Rudisill Geerhart	Name of Father: Charles Sherman Geerhart	
SUPPORTING RECORD 2. Class_____	Type of Document: Photostatic copy of original Social Security Application		By whom issued and signed: Treasury Department	Date Issued:	Date Orig. Entry: Nov. 27, 1936
	Date of Birth: March 15, 1893	Birth Place: Mt. Home, Idaho	Full Name of Mother: Mary Jane Rudisill	Name of Father: Chas. Sherman Geerhart	
SUPPORTING RECORD 3. Class_____	Type of Document: Insurance Policy		By whom issued and signed: Beneficial Protective Assoc.	Date Issued: 10-5-1943	Date Orig. Entry:
	Date of Birth: March 15, 1893	Birth Place: Mountain Home, Idaho	Full Name of Mother: ---	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Shirley Cooper	March 4, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

CHILD	1. Name at Birth	2. Date of Birth (month) (day) (year)
	3. Sex	4. Place of Birth (County)
		5. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant
	10. Signature of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on 19__	12. Signature of Notary 13. Notary Commission expires

DO NOT DETACH — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1:	Type of Document: Affidavit by Father	By whom Issued and Signed: C. J. Carbaugh	Date Issued: 3-1-39
	Date of Birth: March 15,	Full Maiden Name of Mother:	Name of Father:
Class	Place of Birth:		
SUPPORTING RECORD 2:	Type of Document: Personal Security Application	By whom Issued and Signed: Treasury Department	Date Issued: Nov. 27, 1936
Class	Date of Birth: March 15, 1939	Place of Birth: Nyssa, Idaho	Full Name of Mother: Mary Jane Rudisill
			Name of Father: Chas. Homer Crockett
SUPPORTING RECORD 3:	Type of Document: Insurance Policy	By whom Issued and Signed: Beneficial Protective Assoc.	Date Issued: 1-3-1939
Class	Date of Birth: March 15, 1939	Place of Birth: Hagerman Hops, Idaho	Full Name of Mother: ----
			Name of Father: ----

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence received by	Date Filed
	Harley Cooper	March 4, 1939

Class 1 Records are those made before the 1st birthday. Month Birthday
Class 2 Records are those made after the 1st birthday but before 5th birthday.

363-215-029-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-204

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Myrtle Lela Cockrell
2. Date of Birth (month) (day) (year): November 15, 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Latah
b. City or Town of Birth: Cora

FATHER

6. Full Name of Father: Columbus Jefferson Cockrell
7. State or Country of Father's Birth: Jefferson County, Missouri

MOTHER

8. Full Maiden Name of Mother: Susan Henrietta Griner
9. State or Country of Mother's Birth: Alleghany County, Pennsylvania

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Myrtle L. Johnson
11. Present Address of Registrant: 234 Granite Ave., Shelby, Mont

NOTARY (Seal)

Subscribed and sworn to before me on: January 24 19 58

12. Signature of Notary: Vivian J. Hall
13. Notary Commission expires: November 21 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by sister, age 74
By whom issued and signed: Mary E. Simpson
Date Issued: 2-21-58
Date Orig. Entry:
Date of Birth: Nov. 15, 1893
Birth Place: Cora, Idaho
Full Name of Mother: Susan Henrietta Cockrell
Name of Father: Columbus Jefferson Cockrell

SUPPORTING RECORD 2.

Type of Document: Marriage Record
By whom issued and signed: License #2302 Shawano Co., Wisconsin
Date Issued: 1-2-28
Date Orig. Entry: Jan. 2, 1928
Date of Birth: age 34
Birth Place: Idaho
Full Name of Mother: Henrietaa Griner
Name of Father: Columbus Cockrell

SUPPORTING RECORD 3.

Type of Document: Hospital Record
By whom issued and signed: St. Mary's Hospital Conrad, Montana
Date Issued: Feb. '58
Date Orig. Entry: May 3, 1943
Date of Birth: age 49 (birth date Nov. 15)
Birth Place: ---
Full Name of Mother: Last name-Griner
Name of Father: Columbus Cockrell

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Brown
Evidence reviewed by: Nancy Richards
Date Filed: March 12, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Child's name (First, middle, last)	Phyllis Lenia Cockrell
2. Sex	Female
3. Date of birth (month, day, year)	November 15, 1896
4. Place of birth (county)	Idaho
5. City or town of birth	Cora
6. Full name of father	Clarence Jefferson Cockrell
7. State or country of father's birth	Jefferson County, Missouri
8. Maiden name of mother	Alice Henrietta Grider
9. State or country of mother's birth	Allegheny County, Pennsylvania
10. Informant's name and address	Mrs. Alice Henrietta Grider 2[illegible] Granite Ave., Shelby, Mont.
11. Informant's relationship to child	Mother
12. Signature of informant	Alice H. Grider
13. Date signed	January 21, 1939
14. Signature of witness	[illegible]
15. Address of witness	[illegible]
16. Date received by registrar	January 23, 1939
17. Registrar's signature	Mary E. Simpson
18. Date issued	2-21-39
19. Date orig. entry	

Type of Document	Cora, Idaho
Date of Birth Place	Idaho
Name of Mother	Alice Henrietta Grider
Name of Father	Clarence Jefferson Cockrell
Date Issued	2-21-39
Date Orig. Entry	Jan. 2, 1939

Type of Document	Original Record
Date of Birth Birth Place	Cora Idaho
Name of Mother	Alice Henrietta Grider
Name of Father	Clarence Jefferson Cockrell
Date Issued	Feb. 1939
Date Orig. Entry	May 3, 1939

Date of Birth Birth Place	Nov. 15 Cora Idaho
Name of Mother	Alice Henrietta Grider
Name of Father	Clarence Jefferson Cockrell
Date Issued	2-21-39
Date Orig. Entry	Jan. 2, 1939

Name of Registrar	Mary E. Simpson
Date Filed	January 23, 1939

MAR 12 1939

882230-029-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-230

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HELEN RUTH HIBBS			2. Date Of Birth (month) (day) (year): August 30, 1893
	3. Color or Race: white	4. Sex: Fem	5. Place of Birth a. County: Genesee, Ida. Latah Co.	b. City or Town of Birth: Genesee, Idaho
FATHER	6. Full Name of Father: Charles Elmer Hibbs			7. State or Country of Father's Birth: State of Missouri
MOTHER	8. Full Maiden Name of Mother: Joanne Eleanor Parker			9. State or Country of Mother's Birth: State of Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Ruth Berry		11. Present Address of Registrant: 1144 Sheppard Road White Rock, B.C. Canada
NOTARY (Seal)	Subscribed and sworn to before me on: March 25, 19 57	12. Signature of Notary: John L O'Connor		13. Notary Commission expires: October 6, 19 59

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle (born 10-31-1881)	By whom issued and signed: Arthur V. Parker		Date Issued: 3-25-57	Date Orig. Entry:
	Date of Birth: Aug. 30, 1893	Birth Place: Genesee, Idaho	Full Name of Mother: Joanne Eleanor Parker	Name of Father: Charles Elmer Hibbs	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Dept. of Health Edmonton, Alberta, Canada		Date Issued: 2-27-58	Date Orig. Entry: Jan. 1, 1915
	Date of Birth: age 21	Birth Place: Idaho, U.S.A.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: Drumheller Municipal Hospital Drumheller, Alberta		Date Issued: 2-20-58	Date Orig. Entry: Apr. 9, 1924
	Date of Birth: age 30	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Jensen	Evidence reviewed by: Nancy Richards		Date Filed: March 18, 1958	

FORM BH 56067 1 copy paid

MAR 13 1958

314-228-021-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-234

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NORA HELLEN CAMPBELL			2. Date of Birth (month) FEB. (day) 28 (year) 1893
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: FRANKLIN	b. City or Town of Birth: WESTON, IDAHO
FATHER	6. Full Name of Father: FREDERICK ROBERT CAMPBELL			7. State or Country of Father's Birth: NORTH OGDEN, UTAH
MOTHER	8. Full Maiden Name of Mother: MATILDA BETHENA CAMPBELL			9. State or Country of Mother's Birth: VIRGINIA CITY, UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nora Hellen Whitton		11. Present Address of Registrant: ROUTE 1, BOX 124 CAVE JUNCTION, OREGON
NOTARY (Seal)	Subscribed and sworn to before me on 5/21 1957	12. Signature of Notary: Laurence A Cushing		13. Notary Commission expires: JUNE 30 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 74	By whom issued and signed: Sena Susannah Maughan		Date Issued: 5-27-57	Date Orig. Entry:
	Date of Birth: Feb. 28, 1893	Birth Place: Weston, Idaho	Full Name of Mother: (Campbell also maiden name) Matilda Bethana Campbell	Name of Father: Frederick Robert Campbell	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Oregon #35 certified copy		Date Issued: 3-26-57	Date Orig. Entry: child born March 14, 1933
	Date of Birth: age 40	Birth Place: Weston, Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: Oneida Stake, Weston Ward, LDS Church		Date Issued: 4-10-57	Date Orig. Entry: July 6, 1901
	Date of Birth: Feb. 28, 1893	Birth Place: Weston, Idaho	Full Name of Mother: Matilda Campbell	Name of Father: Fred R. Campbell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	nr Nancy Richards	March 19, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

MAR 19 1958

Date of birth: Feb. 25, 1923

Sex: F

Color or race: White

Name at birth: [illegible]

Place of birth: Weston, Idaho

Name of father: [illegible]

Maiden name of mother: [illegible]

Name of informant: [illegible]

Relationship: [illegible]

Address of informant: [illegible]

Date filed: March 19, 1958

Evidence presented: [illegible]

Signature of registrar: [illegible]

245-230-022-643

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-256

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eva Emaline Kunz
2. Date Of Birth: (month) Oct. (day) 30 (year) 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Rexburg

FATHER

6. Full Name of Father: Samuel Kunz Sr.
7. State or Country of Father's Birth: Switzerland

MOTHER

8. Full Maiden Name of Mother: Caroline Wutherich
9. State or Country of Mother's Birth: Switzerland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eva Emaline Kunz Durtin
11. Present Address of Registrant: Victor Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Feb. 5 19 58

12. Signature of Notary: [illegible]
13. Notary Commission expires: Dec. 21 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record--Baptism	Cedron Ward, Teton Stake, LDS Church		July 3, 1903

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 30, 1893	Fremont Co. Rexburg, Idaho	Caroline Wuthrich	Samuel Kunz, Sr.

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister, age 80	Clara Kunz Miller	2-5-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 30, 1893	Fremont Co. Rexburg, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #277411		child born April 26, 1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 18	Rexburg, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barrow	nr Nancy Richards	March 25, 1958

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of Person	2. Date of Birth	3. Place of Birth	4. Sex
[redacted]	[illegible]	Idaho	[illegible]
5. Name of Father		6. Name of Mother	
[illegible]		[illegible]	
7. Birthplace of Father		8. Birthplace of Mother	
[illegible]		[illegible]	
9. Occupation of Father		10. Occupation of Mother	
[illegible]		[illegible]	
11. Name and Address of Informant		12. Relationship	
[illegible]		[illegible]	
13. Signature of Informant		14. Date Signed	
[illegible]		[illegible]	
15. Signature of Attendant		16. Date Signed	
[illegible]		[illegible]	
17. Signature of Registrar		18. Date Filed	
[illegible]		[illegible]	

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Signature of Registrar: [illegible]

Evidence Reviewed: [illegible]

Date Filed: [illegible]

485-231-044-463

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-257

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nora Corina Myers			2. Date Of Birth (month) Aug. (day) 31 (year) 1893	
	3. Color or Race: white	4. Sex: f	5. Place of Birth a. County: Washington	b. City or Town of Birth: Salubria	
FATHER	6. Full Name of Father: Frank Myers			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Mott			9. State or Country of Mother's Birth: Nevada	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nora Corina Myers (Mrs.)		11. Present Address of Registrant: Midvale, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: November 7 1957	12. Signature of Notary: Goldie M. Jones		13. Notary Commission expires: April 23 1961	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assoc.		Date Issued:	Date Orig. Entry: Apr. 7, 1932
	Date of Birth: Aug. 31, 1893	Birth Place: Salubria, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time (age 15 at birth) of birth	By whom issued and signed: Rosa E. Sutton		Date Issued: 1-17-58	Date Orig. Entry:
	Date of Birth: Aug. 31, 1893	Birth Place: Salubria, Idaho	Full Name of Mother: Elizabeth Mott Myers	Name of Father: Frank Myers	
SUPPORTING RECORD 3.	Type of Document: Lodge Record	By whom issued and signed: Victory Rebekah Lodge #77 Midvale, Idaho		Date Issued: 3-11-58	Date Orig. Entry: Dec. 31, 1943
	Date of Birth: Aug. 31, 1893 (age 50)	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Benson	Evidence reviewed by: mr Nancy Richards		Date Filed: March 25, 1958	

FORM BH 56067

1 copy paid

CERTIFIED CERTIFICATE OF BIRTH

STATE OF IDAHO

[redacted]

Twin Falls Mutual Benefits Assoc.

313422-004-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-304

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Archibald Washington Latham		2. Date Of Birth (month) 2 (day) 22 (year) 1893	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake County	b. City or Town of Birth: Georgetown Idaho
FATHER	6. Full Name of Father: James Bonk Latham		7. State or Country of Father's Birth: Lancashire England	
MOTHER	8. Full Maiden Name of Mother: Lydia Mary Jones		9. State or Country of Mother's Birth: Glamorganshire So Wales	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Archibald Washington Latham	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on 3-13 1958	12. Signature of Notary: Donald D. Jones	13. Notary Commission expires 4-15 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Brother 10 years senior (born 1882)	By whom issued and signed: Thomas George Latham	Date Issued: 3-27-58	Date Orig. Entry:
	Date of Birth: Feb. 22, 1893 / Birth Place: Bear Lake Co, Georgetown, Idaho	Full Name of Mother: Lydia Mary Jones	Name of Father: James Bonk Latham	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: 11 March 1924	Date Orig. Entry:
	Date of Birth: Feb. 22, 1893 / Birth Place: Georgetown, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: State of Idaho, #78588	Date Issued: Child's Birthdate April 22, 1920	Date Orig. Entry:
	Date of Birth: Age 27 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION	Military Discharge - issued by U. S. Army -date issued Dec. 26, 1918 - date orig. entry July 29, 1918. Age 25 at time of enlistment (July 29, 1918)			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Jensen	Evidence reviewed by: sc Nancy Richards		Date Filed: April 4, 1958

FORM BH 56067

2 Certified prints

DELAYED CERTIFICATE OF BIRTH

1. Place of birth: County	Idaho	City or town	----
2. Full name at birth	Thomas George Latham		
3. Sex	Male	4. Color or race	White
5. Date of birth	Feb. 22, 1923		
6. Name of father	Thomas George Latham		
7. Maiden name of mother	Inez Mayo Latham		
8. Name of physician or midwife	Insurance Office Company		
9. Name of hospital	----		
10. Date filed	Mar. 1924		

Evidence submitted with application: One Child's Birth Certificate State of Idaho, #78386 April 22, 1920

Affidavit of Thomas George Latham 10 years ago.

Name of person to whom issued: Thomas George Latham

Date issued: 1-23-34

Signature of Registrar: [illegible]

Date Filed: [illegible]

Military Service: Discharge - issued by U. S. Army -date issued Dec. 20, 1918 - date orig. entry July 29, 1918. Age 25 at time of enlistment (July 29, 1918)

365-23-025-261

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-443

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Leonard Long		2. Date Of Birth (month) September (day) 13 (year) 1893	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Co.	b. City or Town of Birth: Grangeville, Idaho
FATHER	6. Full Name of Father: John David Long		7. State or Country of Father's Birth: Ireland	
MOTHER	8. Full Maiden Name of Mother: Bertha Swarts		9. State or Country of Mother's Birth: Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary L. Eisenhauer	11. Present Address of Registrant: Post Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 6, 1958	12. Signature of Notary: W. J. Crowley	13. Notary Commission expires: 5-2 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding birth notice in newspaper	By whom issued and signed: John L. Olmsted, Co-publisher, IDAHO COUNTY FREE PRESS, Grangeville, Idaho	Date Issued: 3-1-58	Date Orig. Entry: Sept. 15, 1893
	Date of Birth: Sept. 13, 1893 / Birth Place: near Grangeville, Idaho	Full Name of Mother: ----	Name of Father: John D. Long	
SUPPORTING RECORD 2.	Type of Document: Family Record (Photostat)	By whom issued and signed: original viewed by Notary Public W. C. MacGregor, Jr., Grangeville, Ida.	Date Issued: 5-2-58	Date Orig. Entry: original obviously old
	Date of Birth: Sept. 13, 1893 / Birth Place: ----	Full Name of Mother: Bertha Swarts	Name of Father: John D. Long	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth, Henry Telcher, age 86	By whom issued and signed: Henry Telcher	Date Issued: 5-2-58	Date Orig. Entry:
	Date of Birth: Sept. 13, 1893 / Birth Place: at or near Grangeville, Idaho Co., Idaho	Full Name of Mother: Bertha Swarts Long	Name of Father: John David Long	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Severn	nr Nancy Richards	May 23, 1958

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 29 1958

693-111-040-513

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-455
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Franklin Newton Wilcox
2. Date of Birth (month) (day) (year): Dec. 11 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Shoshone county
b. City or Town of Birth: Elk Creek

FATHER

6. Full Name of Father: George Russell Wilcox
7. State or Country of Father's Birth: Connecticut

MOTHER

8. Full Maiden Name of Mother: Harriett Frances Vale
9. State or Country of Mother's Birth: Massachusetts.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Franklin Newton Wilcox
11. Present Address of Registrant: P.O. Star Route, Kellogg, Ida

NOTARY (Seal)

Subscribed and sworn to before me on: April 4 1958
12. Signature of Notary: Wendell R. Brainard
13. Notary Commission expires: April 3 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security Record	Treasury Dept.		Nov. 16, 1936
Class* B	Date of Birth: Dec. 11, 1893 / Birth Place: Shoshone Co. Elk Creek, Idaho	Full Name of Mother: Harriett Frances Vale	Name of Father: George Russell Wilcox	
SUPPORTING RECORD 2.	Federal Census Record	U. S. Bureau of the Census	3-26-58	June 1, 1900
Class B	Date of Birth: Dec. 1893 (age 6) / Birth Place: Idaho	Full Name of Mother: Hattie Wilcox	Name of Father: George Wilcox	
SUPPORTING RECORD 3.	School Record	Class A School Dist. #391 Kellogg, Idaho	5-9-58	1911
Class B	Date of Birth: Dec. 11, 1893 / Birth Place: ---	Full Name of Mother: Hattie F. Wilcox	Name of Father: George R. Wilcox	

QUALIFYING INFORMATION

Lodge Record, Circle #525, Neighbors of Woodcraft; Portland, Ore.; 5-6-58:
application June 4, 1919; born Dec. 11, 1893.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Denney	nr Nancy Richards	May 28, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

2 Notices sent

Form DPH 49067

Security Record

Type of Document: Federal Census Record

Date Issued: 3-20-50

Date Orig. Entry: June 1, 1950

Name of Father: [illegible]

Date Issued: [illegible]

Date Orig. Entry: [illegible]

Name of Mother: [illegible]

Date of Birth Place: [illegible]

Type of Document: [illegible]

By whom issued and signed: [illegible]

Date Issued: [illegible]

Date Orig. Entry: [illegible]

Name of Father

469-128-029-692

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-482

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Mortemore
2. Date of Birth (month) Feb (day) 28 (year) 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County Idaho Latah; b. City or Town of Birth Moscow Idaho

FATHER

6. Full Name of Father: Willis Mortemore
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Louisa Jane Wiseman
9. State or Country of Mother's Birth: Arkansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X John Mortimore
11. Present Address of Registrant: 1401 - So. 14th Ave Yakima Wash.

NOTARY (Seal)

Subscribed and sworn to before me on February 20 1958

12. Signature of Notary: Mable Hormel
13. Notary Commission expires: January 1 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage Record	Yakima County Auditor, Wash.	12-23-57	May 10, 1916

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 23	Moscow, Idaho	Louisa Wiseman	Willis Mortimore

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible Record (Photostat) (notarized by Mable Hormel, Yakima, Wash.) 2-20-58	(according to affidavit) Ethel Mortimore Dixon	(copy) 2-20-58	March 5, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 28, 1893 (age 17)	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neighbor at time of birth, born 1-29-1876;	Ernest Lewis	4-23-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 28, 1893	near Moscow in Latah Co., Idaho	Louisa Wiseman Mortimore	Willis Mortimore

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	nr Nancy Richards	June 6, 1958

FORM BH 56067

813714-d6-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-531

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Loyal Sample Hale		2. Date Of Birth (month) Aug (day) 14 (year) 1893	
	3. Color or Race: White	4. Sex: M.	5. Place of Birth a. County: Island Cassia Co Ida	b. City or Town of Birth
FATHER	6. Full Name of Father: Albert H Hale		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Marintha R Barrett		9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Loyal Sample Hale	11. Present Address of Registrant: Oakley Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: June 6th 1958	12. Signature of Notary: Wallace G Hale	13. Notary Commission expires: May 20th 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

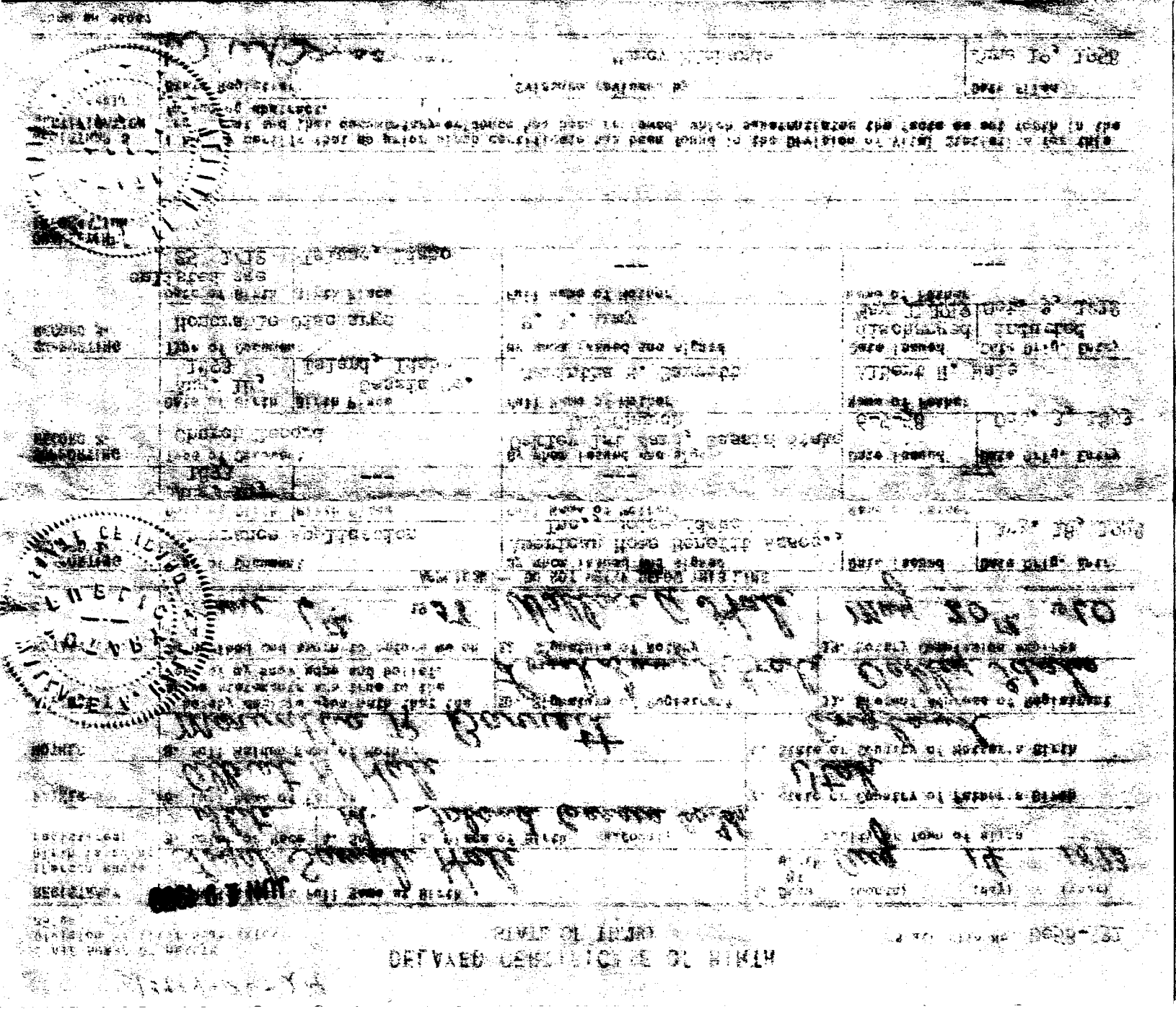
SUPPORTING RECORD 1.	Type of Document: Insurance Application	By whom issued and signed: American Home Benefit Assoc., Inc., Boise, Idaho	Date Issued:	Date Orig. Entry: Aug. 18, 1948
	Date of Birth: Aug. 14, 1893	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Oakley 1st Ward, Cassia Stake LDS Church	Date Issued: 6-5-58	Date Orig. Entry: Oct. 3, 1893
	Date of Birth: Aug. 14, 1893	Birth Place: Cassia Co. Island, Idaho	Full Name of Mother: Marintha R. Barrett	Name of Father: Albert H. Hale
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Army	Date Issued: discharged May 31,1919	Date Orig. Entry: inducted Oct. 3, 1918
	Date of Birth: enlisted age 25 1/12	Birth Place: Island, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Nancy Richards	June 19, 1958

FORM BH 56067



719416-022-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-536

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eras (None) Gardner			2. Date Of Birth (month) (day) (year): September 16, 1893
	3. Color or Race: Cauc	4. Sex: M	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Teton City
FATHER	6. Full Name of Father: Frederick (None) Gardner			7. State or Country of Father's Birth: Glouchestershire, England
MOTHER	8. Full Maiden Name of Mother: Eliza Sadilla Bird			9. State or Country of Mother's Birth: Pennsylvania, USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eras Gardner		11. Present Address of Registrant: Sugar City, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 2, 19 58	12. Signature of Notary: Thos. J. Lewis		13. Notary Commission expires: 2/2/ 19 61

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing	By whom issued and signed: Teton Ward, No. Rexburg Stake, LDS Church	Date Issued: 4-20-58	Date Orig. Entry: Nov. 5, 1893
	Date of Birth: Sept. 16, 1893 / Birth Place: Fremont Co. Teton, Idaho	Full Name of Mother: Eliza Sadilla Bird	Name of Father: Fredrick Gardner	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Army	Date Issued: discharged 6-15-19	Date Orig. Entry: enlisted June 26, 1918
	Date of Birth: age 24 enlisted age / Birth Place: Teton, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend since birth, born 12-27-1879,	By whom issued and signed: Rose Hannah Bird	Date Issued: 4-8-58	Date Orig. Entry:
	Date of Birth: Sept. 16, 1893 / Birth Place: Fremont Co, Teton City, Idaho	Full Name of Mother: Eliza Sadilla Bird	Name of Father: Fredrick Gardner	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Nancy Richards	June 20, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

386-104-029-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-539

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lewis Nathaniel Thorpe			2. Date of Birth (month) January (day) 4 (year) 1893	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah Co.	b. City or Town of Birth: Genesee, Idaho	
FATHER	6. Full Name of Father: Ova Boah Thorpe			7. State or Country of Father's Birth: Norway	
MOTHER	8. Full Maiden Name of Mother: Jennie Malinda Anderson			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lewis Nathaniel Thorpe	11. Present Address of Registrant: 312½ 5th St. Calexico, California	
NOTARY (Seal)	Subscribed and sworn to before me on: June 9 1958		12. Signature of Notary: Samuel L. Tyson	13. Notary Commission expires: December 11 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother's sister (born 1875)		By whom issued and signed: Ella M. Higgins	Date Issued: 9-14-57	Date Orig. Entry:
	Date of Birth: Jan. 4, 1893	Birth Place: Genesee, Idaho	Full Name of Mother: Jennie Anderson Thorpe	Name of Father: Ova B. Thorpe	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: University of Kansas Lawrence, Kansas	Date Issued: 10-15-57	Date Orig. Entry: Sept. 18, 1912
	Date of Birth: Jan. 4, 1893	Birth Place: Genesee, Idaho	Full Name of Mother: ---	Name of Father: O. B. Thorpe	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge		By whom issued and signed: U. S. Army	Date Issued: discharged 5-8-19	Date Orig. Entry: enlisted June 14, 1917
	Date of Birth: enlisted age 24 5/12	Birth Place: Genesse, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	nr Nancy Richards	June 20, 1958

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 23

769-101-032-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-545

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ERNEST EUGENE GWIN			2. Date of Birth (month) (day) (year): MARCH 1st 1893
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: SHOSHONE, b. City or Town of Birth: LINCOLN, IDAHO.	
FATHER	6. Full Name of Father: WILLIAM LEMUEL GWIN			7. State or Country of Father's Birth: CALIFORNIA, MERCED
MOTHER	8. Full Maiden Name of Mother: MARION DURFEE.			9. State or Country of Mother's Birth: PROVO, UTAH.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ernest Eugene Gwin		11. Present Address of Registrant: 948 E Whitman Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 15 1958	12. Signature of Notary: [illegible] Notary Public of Idaho, Residing at Pocatello, Ida.		My Commission Notary Commission expires Commission Expires Feb. 16, 1962 19

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Dec. 4, 1936
	Date of Birth: March 1, 1893 / Birth Place: Shoshone, Idaho	Full Name of Mother: Marion Durfee	Name of Father: William Lemuel Gwin	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Academy of Idaho	Date Issued:	Date Orig. Entry: Sept. 20, 1909
	Date of Birth: March 1, 1893 / Birth Place: Shoshone, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Equitable Life Assurance	Date Issued: 8-2-43	Date Orig. Entry: July 19, 1943
	Date of Birth: March 1, 1893 / Birth Place: Idaho	Full Name of Mother: Society of U.S.	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	nr Nancy Richards	June 23, 1958

FORM BH 56067

1 Copy Mailed

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 24 1950

318-03-036-154

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-565
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Willard Howard Taylor
2. Date of Birth (month) (day) (year): Nov 3 1893
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Weston, Idaho (Onida in 1904, now Franklin County)
b. City or Town of Birth:

FATHER

6. Full Name of Father: John William Taylor
7. State or Country of Father's Birth: Warhill, North Carolina

MOTHER

8. Full Maiden Name of Mother: Margaret Anderson
9. State or Country of Mother's Birth: Hiram, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Willard H. Taylor
11. Present Address of Registrant: Route 1, Fruitland, Ida

NOTARY (Seal)

Subscribed and sworn to before me on: May 12 1958
12. Signature of Notary: Jesse H. Dalling
13. Notary Commission expires: July 23, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy Application	Idaho Mutual Benefit Assoc.		Jan. 3, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 3, 1893	Weston, Idaho	----	----

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 87	Margaret Taylor	6-12-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 3, 1893	Weston, Idaho	Margaret Taylor	William John Taylor

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #150268		child born March 14, 1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 33	Weston, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	June 26, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 2 6

1. Name of child		2. Date of birth	3. Sex
4. Place of birth			
5. Full name of father		6. Birthplace of father	
7. Maiden name of mother		8. Birthplace of mother	
9. Full name of informant		10. Relationship to child	
11. Mailing address of informant			
12. Date filed by registrar		13. Registrar's number	

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Signature of informant

SUBSCRIBED AND SWORN TO before me on _____, 19__

Signature of Notary

Notary Public residing at _____

My commission expires _____

DOCUMENTARY EVIDENCE SUBMITTED

Type of document	Date issued
Issued by	

Clerk of the District Court

By _____ Deputy

Date _____, 19__

63-118-003-169

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-626

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Walton, Alfred
2. Date of Birth (month) (day) (year): August 18 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Cleveland

FATHER

6. Full Name of Father: Walton, Charles Lorenzo
7. State or Country of Father's Birth: Eureka - Juab - Utah

MOTHER

8. Full Maiden Name of Mother: Mary Amelia Jorgenson
9. State or Country of Mother's Birth: Weston - Franklin - Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alfred Walton
11. Present Address of Registrant: Thayne, Wyo.

NOTARY (Seal)

Subscribed and sworn to before me on: July 10 1958

12. Signature of Notary: Monty Nelson
13. Notary Commission expires: Nov. 30 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security Record	Treasury Dept.		Dec. 7, 1951
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 18, 1893 / Bannock Co. Cleveland, Idaho	Amelia Jorgensen	Charles L. Walton	
SUPPORTING RECORD 2.	Marriage Record	Lincoln Co., Bedford, Wyoming	4-10-58	Dec. 30, 1916
	age 23 / ----	----	----	
SUPPORTING RECORD 3.	own child's birth certificate	Wyoming #1930--2280	--	child born June 5, 1930
	age 36 / Cleveland, Idaho	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	Nancy Richards	July 18, 1958

FORM BH 56067

STATE OF IDAHO

DETAILED CERTIFICATE OF BIRTH

753-120-029-844

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-642

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harry Elbert Pettijohn			2. Date Of Birth (month) (day) (year): July 20th, 1893
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Julietta, Ida. Latah	b. City or Town of Birth: Julietta
FATHER	6. Full Name of Father: William Thomas Pettijohn			7. State or Country of Father's Birth: Oregon.
MOTHER	8. Full Maiden Name of Mother: Ella Deliah Humphry			9. State or Country of Mother's Birth: Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Harry Elbert Pettijohn	11. Present Address of Registrant: Prescott, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: July 16th, 1958		12. Signature of Notary: [signature]	13. Notary Commission expires: March 9th, 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Record		By whom issued and signed: Spokane Co., Spokane, Wash.	Date Issued: 10-23-56	Date Orig. Entry: Dec. 2, 1922
	Date of Birth: age 29	Birth Place: Idaho	Full Name of Mother: Ella Humphry	Name of Father: William T. Pettijohn	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge		By whom issued and signed: U. S. Army	Date Issued: discharged 7-3-19	Date Orig. Entry: inducted Nov. 5, 1917
	Date of Birth: enlisted age 24 3/12	Birth Place: Jullietta, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Application for Adjusted Compensation for Service		By whom issued and signed: War Dept. Form (WWC Form #1)	Date Issued:	Date Orig. Entry: Sept. 6, 1934
	Date of Birth: July 20, 1893	Birth Place: Juliaetta, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: July 25, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. NAME OF CHILD		2. Date of Birth (Month) July (Day) 25 (Year) 1903	
3. Sex Male	4. Place of Birth (County) Bellevue, Ida. (City) Hailey		
5. Usual Residence at Time of Birth (City or Town) Hailey			
6. Father's Name William Thomas Taylor		7. State or Country of Father's Birth Oregon	
8. Mother's Maiden Name Mary Ann Johnson		9. State or Country of Mother's Birth Nevada	
10. Age of Parent at Time of Child's Birth 39	11. Occupation of Parent Farmer	12. Present Address of Relatives Prescott, Washington	
13. Name and Address of Informant John Taylor, Hailey	14. Signature of Informant	15. Notary Commission Expires Prob 9th, 1960	
16. Name of Witness	17. Name Issued and Mailed	Date Issued Dec. 9, 1959	Date Reg. Dept.

DO NOT WRITE BELOW THIS LINE

Amended Item No.	Type of Amendment	By whom Amended and Signed U. S. Army	Date Fil. Dept. Nov. 5, 1918
Amended Item No.	Type of Amendment	By whom Amended and Signed (Name Dept. Comm. Under Which Acting)	Date Fil. Dept. Sept. 9, 1938

Date Filed: Jan. 25, 1958

Evidence received by: Nancy Underwood

Date Filed: Jan. 25, 1958

I hereby certify that my records show no birth or certificate has been issued in the name of Wiley Christian for this child. Certificate was issued upon delayed evidence and does not necessarily substantiate the facts as set forth in the foregoing application.

165706-036-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 58-676

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Homer Jones			2. Date Of Birth (month) (day) (year): March 6, 1893
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: St. Johns
FATHER	6. Full Name of Father: John William Jones			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Rachel M. Homer			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William H Jones		11. Present Address of Registrant: 1687 University Dr. Pasadena, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: August 13 1958	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 18 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: church record	By whom issued and signed: LDS church, A. Wm Lund (Historian)	Date Issued: June 3, 1958	Date Orig. Entry: prior to July 2, 1911
	Date of Birth: March 6, 1893 / Birth Place: St. Johns, Oneida	Full Name of Mother: Rachel M. Homer	Name of Father: John William Jones	
SUPPORTING RECORD 2.	Type of Document: Airman Identification Card	By whom issued and signed: U. S. Department of Commerce Civil Aeronautics Administration	Date Issued:	Date Orig. Entry: August 22,1952
	Date of Birth: 3-6-1893 / Birth Place: St. Johns, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: continuous service record	By whom issued and signed: Navy Department Bureau of Navigation	Date Issued:	Date Orig. Entry: June 14, 1913
	Date of Birth: March 6, 1893 / Birth Place: St. Johns, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Carolyn Johns	August 13, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF Idaho

1. Child's name		2. Date of birth	
3. Place of birth		4. Sex	
5. Father's name		6. Father's birthplace	
7. Mother's name		8. Mother's birthplace	
9. Name of person making statement		10. Relationship to child	
11. Address			
12. Signature of person making statement			
13. Subscribed and sworn to before me this			
14. Signature of official		15. Title	
16. Evidence submitted			
17. Remarks			

I hereby certify that no prior birth certificate has been found in this Division of Vital Statistics for this person, and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing statement.

State Registrar	Examined and Compared by	Date Filed
[illegible] Benson	Georgia Jones	August 12, 1957

614-225-006-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-730

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Laura Wadsworth			2. Date Of Birth: (month) April (day) 25 (year) 1893	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Taylor	
FATHER	6. Full Name of Father: Eli Wadsworth			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Lucy Priest			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Laura Wadsworth		11. Present Address of Registrant: Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 6 1958	12. Signature of Notary: Geo. E. Tutorow		13. Notary Commission expires: 3/15 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Blackfoot Stake, Jamestown Ward, LDS Church		Date Issued: 4-23-58	Date Orig. Entry: prior to 1 Aug., 1910
	Date of Birth: April 25, 1893	Birth Place: Bingham Co. Taylor, Idaho	Full Name of Mother: Lucy Priest	Name of Father: Eli A. Wadsworth	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, age 75	By whom issued and signed: Lydia M. Clark		Date Issued: 6-9-58	Date Orig. Entry:
	Date of Birth: April 25, 1893	Birth Place: Bingham Co. Taylor Precinct, Ida.	Full Name of Mother: Lucy Priest	Name of Father: Eli A. Wadsworth	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Bingham County, Idaho		Date Issued: 8-25-58	Date Orig. Entry: Aug. 14, 1914
	Date of Birth: age 21	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jensen	Nancy Richards nr	Sept. 3, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

SEP 3 1958

315-24-006-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-746

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elizabeth LaVatta
2. Date of Birth: (month) March (day) 24 (year) 1893
3. Color or Race: Indian
4. Sex: Female
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Ross Fork, (now Fort Hall, Idaho)

FATHER

6. Full Name of Father: Edward LaVatta
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Nettie Stinson
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elizabeth LaVatta
11. Present Address of Registrant: R.R.#2 North Pocatello, I

NOTARY (Seal)

Subscribed and sworn to before me on: August 4 19 58

12. Signature of Notary: Lucille C. Brownley
13. Notary Commission expires: Idaho November 5 19 60

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 87	Nettie Stinson LaVatta	8-22-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 24, 1893	Ross Fork, Idaho (now Fort Hall)	Nettie Stinson LaVatta	Edward LaVatta

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	Fort Hall Indian Agency Fort Hall, Idaho	8-22-58	June 30, 1912 & June, 1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
6-30-12--age 19 6-53---born 1893	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record--Baptism	R.C. St. Joseph's Rectory Pocatello, Idaho	9-5-58	Sept. 26, 1893

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 24, 1893	Fort Hall, Idaho	Nettie Stinson	Edward Lavatta

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	Sept. 11, 1958

FORM BH 56067

1 Lc. pr.

SEP 11

962-218-036-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-748

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Isabell Rose			2. Date Of Birth (month) Nov. (day) 18 (year) 1893	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Weston	
FATHER	6. Full Name of Father: Hyrum Rose			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Martha Ellen Shaw			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Isabell Rose Erikson		11. Present Address of Registrant: 816 N. W. Carden Ave. Pendleton, Oregon.	
NOTARY (Seal)	Subscribed and sworn to before me on SEP - 2 1958 19___	12. Signature of Notary: [signature]		13. Notary Commission expires: My Commission Expires Jan. 2, 1960 19___	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: LDS Church Salt Lake City, Utah		Date Issued: 8-14-58	Date Orig. Entry: May 2, 1902
	Date of Birth: Nov. 18, 1893	Birth Place: Weston, Idaho	Full Name of Mother: Martha Shaw	Name of Father: Hyrum Rose	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Box Elder County, Utah		Date Issued: 6-23-58	Date Orig. Entry: March 8, 1912
	Date of Birth: age 18	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother, age 85	By whom issued and signed: Hyrum O. Rose		Date Issued: 5-27-58	Date Orig. Entry:
	Date of Birth: Nov. 18, 1893	Birth Place: Weston, Idaho	Full Name of Mother: Martha Ellen Shaw Rose	Name of Father: Hyrum Rose	
QUALIFYING INFORMATION	own child's birth certificate, Idaho #49205; child born Feb. 2, 1917: age 23, born in Idaho.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: [signature]	Evidence reviewed by: Nancy Richards		Date Filed: Sept. 12, 1958	

FORM BH 56067

CERTIFICATE OF BIRTH

STATE OF TEXAS

1. Name of child (First, middle, last)		2. Date of birth (Month, day, year)	
		Nov. 18 1879	
3. Sex	4. Place of birth	5. City, town or county	
White	Comanche	Comanche	
6. Name of father		7. Birthplace of father	
Byron Poge		Texas	
8. Maiden name of mother		9. Birthplace of mother	
Myrtle Allen Shaw		Texas	
10. Name and address of attendant at birth		11. Date certificate filed	
Dr. J. A. Bradley, Comanche, Texas.		Nov. 20 1879	
12. Signature of registrar		13. Date registered	
		Nov. 20 1879	

I hereby declare under oath that the above statements are true to the best of my knowledge and belief.

14. Signature of informant: Byron Poge

15. Address of informant: Comanche, Texas

16. Signature of witness: [illegible]

17. Address of witness: [illegible]

18. Remarks: [illegible]

---

1. Name of child (First, middle, last)		2. Date of birth (Month, day, year)	
		Nov. 18 1879	
3. Sex	4. Place of birth	5. City, town or county	
White	Comanche	Comanche	
6. Name of father		7. Birthplace of father	
Byron Poge		Texas	
8. Maiden name of mother		9. Birthplace of mother	
Myrtle Allen Shaw		Texas	
10. Name and address of attendant at birth		11. Date certificate filed	
Dr. J. A. Bradley, Comanche, Texas.		Nov. 20 1879	
12. Signature of registrar		13. Date registered	
		Nov. 20 1879	

I hereby declare under oath that the above statements are true to the best of my knowledge and belief.

14. Signature of informant: Byron Poge

15. Address of informant: Comanche, Texas

16. Signature of witness: [illegible]

17. Address of witness: [illegible]

18. Remarks: [illegible]

257-124-040-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-772

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Kepl, Jr.			2. Date Of Birth (month) (day) (year): June 24 1893	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Wallace, Ida. Shoshone	b. City or Town of Birth: Wallace, Idaho	
FATHER	6. Full Name of Father: Joseph Kepl, St.			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Ella Tavis			9. State or Country of Mother's Birth: Illinois, U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Joseph Kepl Jr	11. Present Address of Registrant: Spangle, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: August 13 19 58		12. Signature of Notary: J R Swindle	13. Notary Commission expires: March 18 19 61	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Application		By whom issued and signed: Spokane, Wash. Branch Sun Life Assurance Co. of Canada	Date Issued:	Date Orig. Entry: April 11, 1930
	Date of Birth: June 24, 1893	Birth Place: Wallace, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Marriage Record		By whom issued and signed: Lake County, Montana	Date Issued:	Date Orig. Entry: Sept. 16, 1952
	Date of Birth: June 24, 1893	Birth Place: Wallace, Idaho	Full Name of Mother: Ella Tavis	Name of Father: Joe Kepl, Sr.	
SUPPORTING RECORD 3.	Type of Document: Hospital Record		By whom issued and signed: St. Luke's Hospital Spokane, Wash.	Date Issued: 9-15-58	Date Orig. Entry: Feb. 11, 1951
	Date of Birth: June 24, 1893 (age 57)	Birth Place: Idaho	Full Name of Mother: Ella Tavis	Name of Father: Joe Kepl, Sr.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Jensen	Evidence reviewed by: nr Nancy Richards	Date Filed: Sept. 22, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child (First, middle, last) — Jerome Kopl, Jr.

2. Date of birth (Month, day, year) — June 20, 1893

3. Place of birth (County) — Malheur

4. City or town of birth — Vale

5. Full name of father — Jerome Kopl, Sr.

6. Birthplace of father — Illinois

7. Full maiden name of mother — Nina Davis

8. Birthplace of mother — Illinois, U.S.A.

9. Age of mother at birth of child — 23 (Twenty-three)

10. Occupation of father — Farmer

11. Present address of father — Spangle, Washington

12. Name and address of informant — Mrs. Nina Davis Kopl, Spangle, Washington

13. Signature of informant — Nina Davis Kopl

14. Relationship to child — Mother

15. Date signed — August 13, 1934

16. Signature of witness — Mrs. Stephens, Spangle

17. Address of witness — Spangle, Washington

18. Name of witness — Mary Stephens

19. Date signed — August 13, 1934

20. Type of business — Irrigated Agriculture

21. Name of business — Kopl Farms

22. Address of business — Vale, Oregon

23. Type of business — Farming

24. Name of business — Kopl Farms

25. Address of business — Vale, Oregon

26. Date issued — 7-12-34

27. Name of father — Jerome Kopl, Sr.

28. Name of witness — Mary Stephens

29. Date issued — Feb. 12, 1934

30. Name of witness — Mary Stephens

31. Date issued — Sept. 22, 1934

I hereby certify that no prior birth certificate has been found in my division of vital statistics for said child, and that the facts stated herein are true to the best of my knowledge and belief.

Signature of informant: Nina Davis Kopl

Subscribed and sworn to before me on August 13, 1934

Signature, registrar: Mary Stephens

Evidence received by: Mary Stephens

Date filed: Sept. 22, 1934

SEP 22 1934

385-101-036-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-790

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Isiah Solomon Cherry			2. Date of Birth (month) Sept. (day) 1st (year) 1893	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Mapleton (Preston)	
FATHER	6. Full Name of Father: Charles Stevens Cherry			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Nancy Jane Bennett			9. State or Country of Mother's Birth: Oneida County, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of [redacted] Notary: William B. Kennedy		11. Present Address of Registrant: Terreton, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 1 1958	12. Signature of [redacted] Registrant: Isiah Solomon Cherry		13. Notary Commission expires: 2/13 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document (present at birth): Affidavit by uncle, age 81		By whom issued and signed: Carson Bennett	Date Issued: 4-2-58	Date Orig. Entry:
	Date of Birth: Sept. 1, 1893	Birth Place: Oneida Co, Mapleton, Idaho	Full Name of Mother: Nancy Jane Bennett	Name of Father: Charles Stevens Cherry	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #80772	Date Issued:	Date Orig. Entry: child born June 23, 1920
	Date of Birth: age 26	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: March 29, 1951
	Date of Birth: Sept. 1, 1893	Birth Place: Preston, Idaho	Full Name of Mother: Nancy J. Bennett	Name of Father: Charles S. Cherry	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Jensen	nr Nancy Richards	Sept. 30, 1958

FORM BH 56067 / [illegible]

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 30 [illegible]

1. Name of person on whom record is made (First, middle, last)

2. Sex

3. Date of birth (Month, day, year)

4. Place of birth (City or town, county)

Marsing (Owyhee)

5. Name of father

6. Birthplace of father (State or country)

Idaho

7. Maiden name of mother

8. Birthplace of mother (State or country)

Idaho

9. Name and address of informant

10. Relationship to person

11. Date filed

12. Signature of informant

13. Notary Commission expires

14. Name and address of physician or midwife

15. Date attended birth

16. Date signed

17. Name and address of person preparing record

18. Date received by local registrar

19. Registered number

20. Signature of local registrar

21. Date certificate filed with State Registrar

22. Signature of State Registrar

23. Remarks

I hereby certify that the above is a true and correct copy of the certificate of birth filed in the Division of Vital Statistics for this registration district.

Witness my hand and seal of office this 30th day of September, 1969.

[illegible]

236-125-022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-828

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leslie Marion Stoddard			2. Date Of Birth (month) (day) (year): December 25, 1893
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont Co.	b. City or Town of Birth: Parker, Idaho
FATHER	6. Full Name of Father: Lewis Arden Stoddard			7. State or Country of Father's Birth: Farmington, Utah
MOTHER	8. Full Maiden Name of Mother: Lydia May Smith			9. State or Country of Mother's Birth: Farmington Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leslie Marion Stoddard		11. Present Address of Registrant: RT. 2 St. Anthony, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 8 1958	12. Signature of Notary: Jack A. Stone, Clerk of District Court		13. Notary Commission expires: Elective 19

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing	By whom issued and signed: Egin Bench Ward, Yellowstone Stake, LDS Church		Date Issued: 8-9-58	Date Orig. Entry: Dec. 3, 1902
	Date of Birth: Dec. 25, 1893	Birth Place: Fremont Co. Parker, Idaho	Full Name of Mother: Lily Smith	Name of Father: Lewis A. Stoddard	
SUPPORTING RECORD 2.	Type of Document: (born 12-23-1883) Affidavit by sister	By whom issued and signed: Laura Louisa S. Smith		Date Issued: 9-12-58	Date Orig. Entry:
	Date of Birth: Dec. 25, 1893	Birth Place: Fremont Co. Parker, Idaho	Full Name of Mother: Lydia May Smith	Name of Father: Lewis Arden Stoddard	
SUPPORTING RECORD 3.	Type of Document: Statement re: Insurance Application	By whom issued and signed: Gem State Mutual Associations		Date Issued: 10-6-58 statement	Date Orig. Entry: Nov. 28, 1941 application
	Date of Birth: Dec. 25, 1893	Birth Place: Parker, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

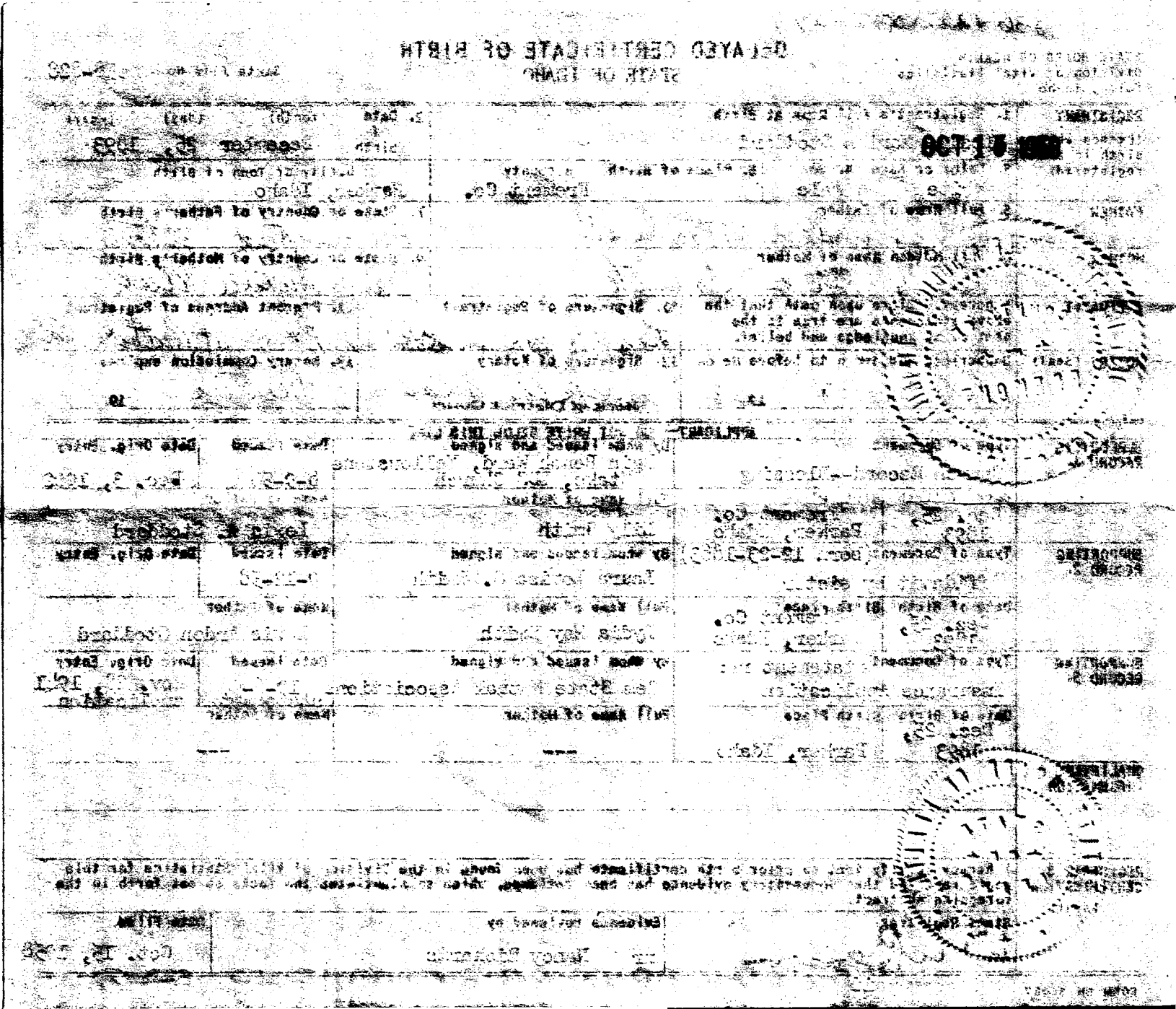
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	nr Nancy Richards	Oct. 15, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO



713-22-4-036-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-837

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna Parkinson Packer			2. Date of Birth (month) (day) (year): December 24, 1893	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Franklin / Oneida	b. City or Town of Birth: Franklin, Idaho.	
FATHER	6. Full Name of Father: Ossian Leonidas Packer			7. State or Country of Father's Birth: Franklin, Idaho	
MOTHER	8. Full Maiden Name of Mother: Annie Smart Parkinson		Oneida	9. State or Country of Mother's Birth: Franklin	Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: (signature) Annie Parkinson Packer		11. Present Address of Registrant: 1006 So. Pacific St. Dillon, Mont.	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept-19- 1958	12. Signature of Notary: (signature)		13. Notary Commission expires: May 1-1961 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Membership in a Society	By whom issued and signed: The Society of Daughters of Utah Pioneers		Date Issued:	Date Orig. Entry: May 21, 1945
	Date of Birth: Dec. 24, 1893	Birth Place: Franklin, Idaho	Full Name of Mother (born-Franklin, Ida.): Annie Smart Parkinson		Name of Father (born-Franklin, Ida.): Ossian Leonidas Packer
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #145124		Date Issued:	Date Orig. Entry: child born Sept. 11, 1926
	Date of Birth: age 32	Birth Place: Franklin, Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth, age 79	By whom issued and signed: John A. Morrison		Date Issued: 10-8-58	Date Orig. Entry:
	Date of Birth: Dec. 24, 1893	Birth Place: Franklin, Idaho	Full Name of Mother: Annie Smart Parkinson		Name of Father: Ossian Leonidas Packer
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Jensen	Evidence reviewed by: mr Nancy Richards	Date Filed: Oct. 20, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

OCT 21 1958

846-21-010-685

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-908
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nellie Vay Huffaker
2. Date of Birth: (month) Dec (day) 11 (year) 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Bingham Co. b. City or Town Bonneville No. "Willow or Creek Ward" On a farm near Idaho Falls R.D.

FATHER

6. Full Name of Father: Welby Richardson Huffaker
7. State or Country of Father's Birth: Salt Lake Co. Utah

MOTHER

8. Full Maiden Name of Mother: Martha Winn
9. State or Country of Mother's Birth: Cache Co. Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nellie Vay Boyer
11. Present Address of Registrant: 4505 San Juan Ave. Lower Lake, Calif.

NOTARY (Seal) NOTARY PUBLIC in and for the County of Los Angeles, State of California

Subscribed and sworn to before me on: Sept 17 1958
12. Signature of Notary: Ruth Belan Oltz
13. Notary Commission expires: 20 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by brother, age 74	Welby W. Huffaker	9-20-58	
	Date of Birth Dec. 11, 1893 / **Birth Place** near Idaho Falls, Idaho	**Full Name of Mother** Martha Winn	**Name of Father** Welby Richardson Huffaker	
SUPPORTING RECORD 2. Class B	own child's birth certificate	Idaho #30122		child born May 27, 1915
	age 21 / Idaho Falls, Idaho	----	----	
SUPPORTING RECORD 3. Class A	Church Record	LDS Church Salt Lake City, Utah	10-22-58	Jan. 10, 1894
	Dec. 11, 1893 / Willow Creek, Idaho	Martha Winn	Welby R. Huffaker	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Barron	nr Nancy Richards	Nov. 18, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of person	2. Sex	3. Date of birth	4. Place of birth
Melvin Leroy Stallings	Male	Dec. 11, 1919	Bonners Ferry, Boundary County, Idaho

5. Name of father	6. Maiden name of mother	7. Residence of parents at time of birth
Melvin Leroy Stallings	Clarissa Jane Hedden	Bonners Ferry, Idaho

8. I hereby certify that I was present at the birth of the person named above on the date and at the place stated above.

Attending physician

9. I hereby certify that I have no record of the birth of the person named above and that the following evidence has been presented to me:

Evidence received by: Date filed: Nov. 23, 1948

Clerk of Records

Class A Records are those made and filed before the Registrar's forms are changed.
Class B Records are those made after the Registrar attempts but fails to secure a birth

796-110-001-955

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 58-956

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William Edward Groomer
2. Date Of Birth (month) (day) (year): December 10 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho
b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Hugh Barnes Groomer
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Elizabeth Reed
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wm E. Groomer
11. Present Address of Registrant: Horseshoe Bend, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: December 2, 1958
12. Signature of Notary: [illegible]
13. Notary Commission expires: December 20 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record			obviously old
	Date of Birth Dec. 10, 1893	**Birth Place** ---	**Full Name of Mother** Lizzie Reed	**Name of Father** Hugh Barnes Groomer
SUPPORTING RECORD 2.	Affidavit by Uncle-Age 79	William Thompson	Dec. 2, 1958	
	Date of Birth December 10, 1893	**Birth Place** Near the City of Boise	**Full Name of Mother** Elizabeth Reed Groomer	**Name of Father** Hugh Barnes Groomer
SUPPORTING RECORD 3.	Honorable Discharge from The United States Army	U.S. Army	January 24, 1919	Inducted June 24 1918
	Date of Birth Age 24	**Birth Place** Boise, Idaho	**Full Name of Mother** ---	**Name of Father** ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	Sharon E. Skaggs	December 2, 1958

FORM BH 56067

DEC 2

DELAYED CERTIFICATE OF BIRTH

753-103-036-286

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-988

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Don Lovell Peck			2. Date of Birth (month) (day) (year): October 3, 1893
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Malad City
FATHER	6. Full Name of Father: Charles Peck			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Anna Maria Bywater			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Don Lovell Peck		11. Present Address of Registrant: Rte #1 Malad City, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 3, 1958 19___	12. Signature of Notary: Judd G. Owens		13. Notary Commission expires: January 15, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Malad 3rd Ward, Malad Stake IDS Church, Malad, Idaho	Date Issued: 10-14-58	Date Orig. Entry: April 15, 1937	
	Date of Birth: Oct. 3, 1893	Birth Place: Malad, Idaho	Full Name of Mother: Anna Maria Bywater	Name of Father: Charles H. Peck	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person present at birth, age 78	By whom issued and signed: Eliza Evans	Date Issued: 10-3-58	Date Orig. Entry:	
	Date of Birth: Oct. 3, 1893	Birth Place: Oneida Co. Malad, Idaho	Full Name of Mother: Anna Maria Peck	Name of Father: Charles Peck	
SUPPORTING RECORD 3.	Type of Document: copy of Honorable Discharge Record	By whom issued and signed: 11-24-58- U. S. Army (copy certified by District Court, Bannock	Date Issued: discharged 2-5-19	Date Orig. Entry: inducted Aug. 7, 1918	
	Date of Birth: enlistment age- 24 10/12 yrs.	Birth Place: Malad City, Idaho	Full Name of Mother: Co., Idaho) ___	Name of Father: ___	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Jameson	Evidence reviewed by: nr Nancy Richards	Date Filed: Dec. 12, 1958

FORM BH 56067

565-117-025-967

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-1008

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fredrick Von Bargen			2. Date Of Birth: November 17, 1893
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Idaho	b. City or Town of Birth: Cottonwood
FATHER	6. Full Name of Father: August Nicholas Von Bargen			7. State or Country of Father's Birth: Hannover, Germany
MOTHER	8. Full Maiden Name of Mother: Martha Milla Roggi			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred von Bargen		11. Present Address of Registrant: Route 1, Box 90 Grangeville, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 4, 1958	12. Signature of Notary: Cleo H Dorsmann		13. Notary Commission expires: 12-5 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 88	By whom issued and signed: Martha Von Bargen		Date Issued: 12-8-58	Date Orig. Entry:
	Date of Birth: Nov. 17, 1893	Birth Place: Cottonwood, Idaho	Full Name of Mother: Martha Milla Roggi Von Bargen	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Family Record	By whom issued and signed: original viewed by Bureau of Vital Statistics		Date Issued: 12-24-58	Date Orig. Entry: obviously old
	Date of Birth: Nov. 17, 1893	Birth Place: Cottonwood, Idaho	Full Name of Mother: Martha Von Bargen	Name of Father: Aug. Von Bargen	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge Record	By whom issued and signed: U. S. Army		Date Issued: discharged 3-12-19	Date Orig. Entry: enlisted April 19, 1917
	Date of Birth: enlistment age- 23 years	Birth Place: Cottonwood, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Affidavit of Publication, C. F. Wimer, Editor, Cottonwood Chronicle; 12-8-58: item printed in the Cottonwood Report, now Cottonwood Chronicle, on Nov. 24, 1893:

"Born--On Cottonwood Creek, November 17, 1893, to the wife of August VonBargen, a son."

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Bargen	Nancy Richards	Dec. 24, 1958

FORM BH 56067

DEC 24 1980

944-117-022-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-1010

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alma S Rudd			2. Date Of Birth (month) Dec. (day) 17 (year) 1893
	3. Color or Race: White	4. Sex: M.	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Parker
FATHER	6. Full Name of Father: Joseph Sidney Rudd			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Vilate E Lucas			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alma S Rudd		11. Present Address of Registrant: Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 17, 1958	12. Signature of Notary: Henry Dietrich		13. Notary Commission expires: April 16 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing	By whom issued and signed: Rexburg 6th Ward, Rexburg Stake, LDS Church		Date Issued: 4-21-58	Date Orig. Entry: Feb. 1, 1894
	Date of Birth: Dec. 17, 1893	Birth Place: Fremont Co. Parker, Idaho	Full Name of Mother: Vilate Eliza Lucas	Name of Father: Joseph Sidney Rudd	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #338330		Date Issued: filed 3-20-42	Date Orig. Entry: child born Jan. 13, 1921
	Date of Birth: age 27	Birth Place: Parker, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Salt Lake County, Utah		Date Issued: 12-5-58	Date Orig. Entry: March 9, 1920
	Date of Birth: age 26	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Denson	mr Nancy Richards	Dec. 26, 1958

FORM BH 56067

DEC 29 1950

415-124-036-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-250

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Henry Jefferson Davis			2. Date Of Birth (month) (day) (year): March 24 1893	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida Co.	b. City or Town of Birth: Malad, Idaho	
FATHER	6. Full Name of Father: Thomas A. Davis			7. State or Country of Father's Birth: Wales, British Isles	
MOTHER	8. Full Maiden Name of Mother: Margaret Davis (maiden name also)			9. State or Country of Mother's Birth: Box Elder Co., Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Henry J Davis		11. Present Address of Registrant: 3207 West 74th St. Los Angeles 43, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 12, 1959	12. Signature of Notary: [illegible]		13. Notary Commission expires: October 16 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing	By whom issued and signed: LDS Church, Salt Lake City, U.		Date Issued: 7-22-58	Date Orig. Entry: May, 1893
	Date of Birth: March 24, 1893	Birth Place: Malad, Idaho	Full Name of Mother: Margaret Davis	Name of Father: Thomas A. Davis	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: Dec. 3, 1936
	Date of Birth: March 24, 1893	Birth Place: Malad City, Idaho	Full Name of Mother: Margaret Davis (did not change)	Name of Father: Thomas A. Davis	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Utah #20		Date Issued: 2-16-59	Date Orig. Entry: child born Jan. 21, 1925
	Date of Birth: age 31	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Jensen	nr Nancy Richards	March 20, 1959

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 20 1969

768-205-040-513

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-323

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Amy Gertrude Gordon			2. Date Of Birth (month) December (day) 5th (year) 1893	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Idaho Shoshone	b. City or Town of Birth: P.O. Gordon (near St. Joe)	
FATHER	6. Full Name of Father: Lemuel Price Gordon			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Ruby Eve Frances Eaton			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Amy Gertrude Gordon		11. Present Address of Registrant: 227 S. Haven St Spokane 31, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: March 30 1959	12. Signature of Notary: Roy E Davis		13. Notary Commission expires: 10/9 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father, age 90	By whom issued and signed: Lemuel Price Gordon		Date Issued: 3-30-59	Date Orig. Entry:
	Date of Birth: Dec. 5, 1893	Birth Place: Gordon, Idaho (near St. Joe)	Full Name of Mother: Ruby Eve Frances Eaton Gordon	Name of Father: Lemuel Price Gordon	
SUPPORTING RECORD 2.	Type of Document: Personnel Record	By whom issued and signed: The Old National Bank of Spokane, Washington		Date Issued: 11-25-58	Date Orig. Entry: July 16, 1917
	Date of Birth: Dec. 5, 1893	Birth Place: Gordon, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement re: Insurance Policy	By whom issued and signed: Prudential Ins. Co. of Amer.		Date Issued: 10-14-58	Date Orig. Entry: July 19, 1916
	Date of Birth: Dec. 5, 1893	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Gleason	Evidence reviewed by: Nancy Richards	Date Filed: April 16, 1959

FORM BH 56067

APR 16 1958

DECLARED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

816-120-021-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-424

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAZEN ARAHA HAWKES			2. Date of Birth (month) (day) (year): July 20 1893
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Franklin, Idaho
FATHER	6. Full Name of Father: Lewis Joshua Hawkes			7. State or Country of Father's Birth: Willard, Utah
MOTHER	8. Full Maiden Name of Mother: Margaret Murdoch			9. State or Country of Mother's Birth: Heber, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Hazen Araha Hawkes		11. Present Address of Registrant: Drummond, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: APR 4 - 1958 19	12. Signature of Notary: J.H. Wm Jensen		13. Notary Commission expires: Aug 1 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, 13 yrs. senior, (present at birth)	By whom issued and signed: Elsie Hawkes Orison	Date Issued: 1-28-58	Date Orig. Entry:
	Date of Birth: July 20, 1893	Birth Place: Franklin, Idaho	Full Name of Mother: Margaret Ann Murdock	Name of Father: Lewis Joshua Hawkes
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: June 27, 1938
	Date of Birth: July 20, 1893	Birth Place: Franklin, Idaho	Full Name of Mother: Margaret Murdoch	Name of Father: Lewis Joshua Hawkes
SUPPORTING RECORD 3.	Type of Document: Photostatic copy-Bible record	By whom issued and signed: original viewed by Fremont Co. Clerk's Office, Idaho. (St. Anthony)	Date Issued: 5-7-59	Date Orig. Entry: obviously old
	Date of Birth: July 20, 1893	Birth Place: Franklin, Idaho	Full Name of Mother: (born-Utah) Margaret Ann Hawkes	Name of Father: (born-Utah) Lewis Joshua Hawkes
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Jensen	Evidence reviewed by: mr Nancy Richards	Date Filed: May 19, 1959

FORM BH 56067

MAY 19 1959

815-107-025-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-435

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Alfred Raymond Hanson			2. Date of Birth (month) October (day) 7 (year) 1893
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Freemont	b. City or Town of Birth: Salem, Idaho
FATHER	6. Full Name of Father: John Alfred Hanson			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Hannah Anderson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alfred Raymond Hanson		11. Present Address of Registrant: 885 N. Capital, Idaho Falls Ida
NOTARY (Seal)	Subscribed and sworn to before me on: April 20 1959	12. Signature of Notary: [illegible]		13. Notary Commission expires: Jan 21 196X

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing		By whom issued and signed: LDS Church Salt Lake City, Utah	Date Issued: 4-16-59	Date Orig. Entry: Dec. 7, 1893
	Date of Birth: Oct. 7, 1893	Birth Place: Salem, Idaho	Full Name of Mother: Hannah Anderson	Name of Father: John Alfred Hanson	
SUPPORTING RECORD 2.	Type of Document: Insurance Application		By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued:	Date Orig. Entry: April 5, 1944
	Date of Birth: Oct. 7, 1893	Birth Place: Salem, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #255753	Date Issued:	Date Orig. Entry: child born June 25, 1937
	Date of Birth: age 43	Birth Place: Salem, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Jensen	Nancy Richards	May 21, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

MAY 21 1959

Utah

Salem, Idaho

Age 15

Dated, Idaho

Idaho

Salem, Idaho

Idaho

Salem, Idaho

May 21, 1959

813-118-008-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-459

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charles Abraham Hall
2. Date Of Birth (month) (day) (year): December 18, 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Boise
b. City or Town of Birth: Vanwyck

FATHER

6. Full Name of Father: Samuel Hall
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: Eliza McCuan
9. State or Country of Mother's Birth: Tennessee

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charles Abertham Hall
11. Present Address of Registrant: Council, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 26 1959
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Vital Statistics Idaho #226566		Child born Sept. 18, 1934
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 40 / Van Wyck, Idaho	--	--	
SUPPORTING RECORD 2.	Family Record			obviously old
	Dec. 18, 1893 / ---	Eliza Hall	Samuel Hall	
SUPPORTING RECORD 3.	Family Bible Record	William H. Hall		July 13, 1904
	December 18 1893 / --	Eliza Hall	Sammuel Hall	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	ses Sharon E. Skaggs	May 27, 1959

FORM BH 56067

10024 [illegible]

MAY 28 1959

DELAYED CERTIFICATE OF BIRTH

REGISTRAR

1. Registered No. | 2. Date of birth (Month, Day, Year) December 18, 1953

3. Child's name (If none, so state) Baby Boy

4. Sex: Male | 5. Color or race: White | 6. Place of birth (City): Boise

7. Name of father: [illegible]

8. Color or race: White

9. Maiden name of mother: [illegible]

10. Color or race: White

11. Age at last birthday: 25

12. Birthplace (State or foreign country): Idaho

13. Birthplace of father: Idaho

14. Birthplace of mother: Idaho

15. Name and address of informant: [illegible]

16. Relationship to child: Mother

17. Date filed: May 22, 1959

18. Signature of local registrar: [illegible]

19. Address of local registrar: [illegible]

20. Date of registration: May 22, 1959

21. Remarks: [illegible]

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this child, and that diligent search has been made, which substantiates the facts as set forth in the information received.

Signature: [illegible]

Date filed: May 22, 1959

614-111-028-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-467

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRED ASBURY WADDELL			2. Date Of Birth (month) OCT. (day) 11 (year) 1893
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: RATHDRUM
FATHER	6. Full Name of Father: THOMAS ASBURY WADDELL			7. State or Country of Father's Birth: TENNESEE
MOTHER	8. Full Maiden Name of Mother: RACHEL NAOMI GILL			9. State or Country of Mother's Birth: TENNESEE
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred Asbury Waddell		11. Present Address of Registrant: 3400 S.W. 90th Ave. Portland, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: May 20 1959	12. Signature of Notary: Fred J. Eberle		13. Notary Commission expires: My Commission Expires May 14, 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Life Insurance	By whom issued and signed: The Equitable Life Insurance Co. of Iowa	Date Issued: August 21, 1930	Date Orig. Entry:	
	Date of Birth: Oct. 11, 1893	Birth Place: Rathdrum, Ida.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Enlistment Record	By whom issued and signed: U.S. Navy Dept.	Date Issued: December 18, 1918	Date Orig. Entry: Enlisted Dec. 12, 1917	
	Date of Birth: 10-11-1893	Birth Place: Rathdrum, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Cousin, Age 85	By whom issued and signed: William S. Gill	Date Issued: Sept. 14, 1954	Date Orig. Entry:	
	Date of Birth: Oct. 11, 1893	Birth Place: Rathdrum, Idaho	Full Name of Mother: Rachel Naomi Gill Waddell	Name of Father: Thomas Asbusy Waddell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W.W. Benson	Evidence reviewed by: ses Sharon E. Skaggs	Date Filed: May 29, 1959

FORM BH 56067

JUN 1 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

282-111-003-134

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-635

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Dow Bybee		2. Date Of Birth (month) May (day) 11 (year) 1893
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County Bannock; b. City or Town of Birth: Downey Idaho
FATHER	6. Full Name of Father: William JEFFERSON BYBEE		7. State or Country of Father's Birth: Utah WEBER Huntsville
MOTHER	8. Full Maiden Name of Mother: ELIZA ELLEN ALDOUS		9. State or Country of Mother's Birth: IDAho, Bannock Downey
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dow Bybee	11. Present Address of Registrant: 696 Wayne Pocatello
NOTARY (Seal)	Subscribed and sworn to before me on: March 1 — 1957	12. Signature of Notary: E. J. Lundgren	13. Notary Commission expires: Sept 9 — 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: Pocatello 15th Ward, N. Pocatello Stake, LDS Church	Date Issued: 2-9-58	Date Orig. Entry: June 28, 1908
	Date of Birth: May 11, 1893 / Birth Place: Bannock Co. Downey, Idaho	Full Name of Mother: Eliza Aldous	Name of Father: William Bybee	
SUPPORTING RECORD 2.	Type of Document: Voting Record	By whom issued and signed: Bannock County, Idaho	Date Issued: 11-25-57	Date Orig. Entry: Oct. 16, 1926
	Date of Birth: age 33 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Idaho State College	Date Issued:	Date Orig. Entry: June 15, 1952
(age 59)	Date of Birth: May 11, 1893 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Marriage Record, Bannock Co., Idaho; 11-25-57: age 24 as of Nov. 14, 1917.			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Nancy Richards	Aug. 4, 1959

FORM BH 56067

1 Cert 4 Pack

AUG 4 1960

693-129-010-414

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-782

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William LeRoy Wilson
2. Date Of Birth (month) May (day) 29, (year) 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bonneville
b. City or Town of Birth: Grays Lake

FATHER

6. Full Name of Father: David Lawrence Wilson
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Alther Elizabeth Madsen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William LeRoy Wilson
11. Present Address of Registrant: Downey Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on July 22 1959
12. Signature of Notary: Hazel L. Turbet
13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On File Vital Statistics, Idaho #297318		child born July 22, 1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 47	Grays Lake, Idaho	--	--

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Social Security Administ.		March 20, 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 29, 1893	Bonneville Co. Grays, Idaho	Alther Madsen	David Lawrence Wilson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Lodge Record	Brotherhood of Maintenance of Way Employees, Gem State Lodge #1402, Pocatello, Idaho.	8-17-59	July 15, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 29, 1893	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	ses Nancy Richards	Sept. 21, 1959

FORM BH 56067

1 Copy Pd

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 21 1959

515-131-006-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-855

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: William Earnest Van Noy			2. Date Of Birth (month) (day) (year): August 31, 1893	
	3. Color or Race: Cau.	4. Sex: M	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Dubois	
FATHER	6. Full Name of Father: Nathaniel Van Noy			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Harriat Adelade Lewis			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Earnest Van Noy		11. Present Address of Registrant: Cody Heights, Cody, Wyo.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 27 1959	12. Signature of Notary: Melvin M Killcrup		13. Notary Commission expires: Sept 5, 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Lodge Record	By whom issued and signed: Lodge No. 325, I.O.O.F. of Minatare, Nebraska		Date Issued: 8-11-59	Date Orig. Entry: Oct. 24, 1944
	Date of Birth: Aug. 31, 1893	Birth Place: Duboise, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Bingham County, Idaho		Date Issued: 7-2-59	Date Orig. Entry: Nov. 20, 1915
	Date of Birth: age 22	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt, age 87	By whom issued and signed: Nettie Adamson		Date Issued: 9-25-59	Date Orig. Entry:
	Date of Birth: Aug. 31, 1893	Birth Place: Dubois, Idaho	Full Name of Mother: Harriat Adelade -	Name of Father: Nathaniel Van Noy	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Nancy Richards nr	Date Filed: Oct. 23, 1959

FORM BH 56067

OCT 30 1950

962-125-021-749

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-962

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert Alfred Hobbs			2. Date Of Birth (month) July (day) 25 (year) 1893
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin Co.	b. City or Town of Birth: Preston, Idaho
FATHER	6. Full Name of Father: Charles R. Hobbs			7. State or Country of Father's Birth: Hampshire England
MOTHER	8. Full Maiden Name of Mother: Ida E. Purnell			9. State or Country of Mother's Birth: Kaysville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Albert Alfred Hobbs		11. Present Address of Registrant: 6 E. 3 S. Preston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 18 1959	12. Signature of Notary: Ned Larsen		13. Notary Commission expires: May 12 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: Preston First Ward LDS Church	Date Issued: 10-28-59	Date Orig. Entry: Dec. 1, 1901
	Date of Birth: July 25, 1893	Birth Place: Franklin Co. Preston, Idaho	Full Name of Mother: Ida E. Purnell	Name of Father: Charles R. Hobbs	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: 8-31-38	Date Orig. Entry: Aug. 27, 1938
	Date of Birth: July 25, 1893	Birth Place: Preston, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge Record		By whom issued and signed: U. S. Army	Date Issued: discharged 1-11-19	Date Orig. Entry: inducted Oct. 2, 1917
	Date of Birth: enlistment age— 24 yrs.	Birth Place: Preston, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larsen	Evidence reviewed by: Nancy Richards nr	Date Filed: Nov. 25, 1959

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 25 1958

313-118-020 - 766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-059

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Saunders Callaway			2. Date Of Birth (month) (day) (year): Dec. 19 1893
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Elmore	b. City or Town of Birth: Mtn. Home, Idaho
FATHER	6. Full Name of Father: William Saunders Callaway			7. State or Country of Father's Birth: Tennessee
MOTHER	8. Full Maiden Name of Mother: Ida Erskine Goforth			9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William S. Callaway		11. Present Address of Registrant: 282½ 2nd E. Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 14 19 59	12. Signature of Notary: Martha M. Hunter		13. Notary Commission expires: _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #1941	By whom issued and signed: Division of Vital Statistics Cheyenne, Wyoming	Date Issued: April 11 1957	Date Orig. Entry: child born Dec. 27, 1941	
	Date of Birth: age 48	Birth Place: Mountain Home, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister-age 76	By whom issued and signed: Bessie Callaway Cordell	Date Issued: Jan 4, 1960	Date Orig. Entry: --	
	Date of Birth: December 19, 1893	Birth Place: Mountain Home, Idaho	Full Name of Mother: Ida Erskine Goforth	Name of Father: William Saunders Callaway	
SUPPORTING RECORD 3.	Type of Document: Elmore County War Mothers Record Book	By whom issued and signed: Elmore County War Mothers	Date Issued: September 1919	Date Orig. Entry: September 1919	
	Date of Birth: Dec. 19, 1893	Birth Place: Mt. Home, Idaho	Full Name of Mother: Ida Goforth Callaway	Name of Father: William Callaway	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bf Lois Ayers	Date Filed: Jan. 25, 1960

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 26 1960

CHILD'S NAME	1. (Regular name at birth) Name at birth	2. Date of birth
FATHER	3. Full name of father	4. Color or race 5. Age at birth 6. Birthplace (State or country)
MOTHER	7. Full maiden name of mother	8. Color or race 9. Age at birth 10. Birthplace (State or country)
AFFIDAVIT	I hereby certify that the statements made by me above are true to the best of my knowledge and belief.	11. Signature of informant 12. Address of informant
NOTE	13. Name and address of person to whom certificate is to be mailed	14. Signature of Attorney 15. Address of Attorney

Witness 1	Type or print name	Date signed	Date filed
	Affidavit by Sister-age 76	December 19, 1959	Jan. 25, 1960
Witness 2	Type or print name	Date signed	Date filed
	Bessie Calloway Cordell	Jan. 25, 1960	Jan. 25, 1960

Informant	Type or print name	Mail address	
	Mrs. Ida Erskine Gofrith	Mountain Home, Idaho	
Witness 1	Type or print name	Mail address	Date signed
	William Saunders Calloway	Same	September 1959
Witness 2	Type or print name	Mail address	Date signed
	Elmore County War Mothers	Same	December 1959

Registrar	Type or print name	Mail address	Date signed
	Elmore County War Mothers Record Book	Mountain Home, Idaho	Dec. 19, 1959
Registrar's Action	Name as recorded	Mail address	Date filed
	The Colorth Calloway	Mr. Home, Idaho	Dec. 19, 1959

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this child. I further certify that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

Signature of Registrar	Evidence reviewed by	Date filed
Jeneson	Lois Ayers	Jan. 25, 1960

285-111-004-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-519

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Owen Tracy Shepherd
2. Date Of Birth (month) May (day) 11, (year) 1893
3. Color or Race:
4. Sex: Male
5. Place of Birth a. County: Bear Lake Co. b. City or Town of Birth: Paris, Idaho

FATHER

6. Full Name of Father: Fredrick Tracy Shepherd
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Mary Elizabeth Morgan
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Owen Tracy Shepherd
11. Present Address of Registrant: Paris, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Aug 14 1959

12. Signature of Notary: L Hugh Shepherd
13. Notary Commission expires: Oct 10 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record--Baptism	Paris 2nd Ward, Bear Lake Stake LDS Church	3-12-59	May 30, 1902
	Date of Birth May 11, 1893 / **Birth Place** Bear Lake Co. Paris, Idaho	**Full Name of Mother** Mary Elizabeth Morgan		**Name of Father** Fredrick T. Shepherd
SUPPORTING RECORD 2.	Type of Document wife's application for membership to Society of Daugh. of Utah Pioneer	By whom issued and signed Society of Daughters of Utah Pioneers, K.B. Carter, Pres.	Date Issued Jan. 3, 1949	Date Orig. Entry Nov. 1, 1948
	Date of Birth May 11,1893 / **Birth Place** Paris, Idaho	**Full Name of Mother** Elizabeth Morgan		**Name of Father** Fredrick T. Shepherd
SUPPORTING RECORD 3.	Type of Document affidavit by friend of family at time of birth-born 1873	By whom issued and signed Walter Lewis	Date Issued Aug. 11, 1959	Date Orig. Entry ---
	Date of Birth May 11,1893 / **Birth Place** Paris, Idaho Bear Lake Co.	**Full Name of Mother** Elizabeth Morgan		**Name of Father** Frederick T. Shepherd
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Penny Patterson	June 15, 1960

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of Child (First, Middle, Last)		2. Date of Birth (Month, Day, Year)	
		May 11, 1893	
3. Sex	4. Place of Birth (County)	5. Place of Birth (City, Town or Rural)	
Male	Boise Idaho Co.	Idaho	
6. Full Name of Father		7. State or Country of Father's Birth	
[illegible]			
8. Full Maiden Name of Mother		9. State or Country of Mother's Birth	
[illegible]			
AFFIDAVIT	Personally appeared before me this [illegible] day of [illegible] 19[illegible] the above named [illegible] who being duly sworn deposes and says that the statements made by him/her are true to the best of his/her knowledge and belief.	10. Signature of Applicant	11. Present Address of Applicant
NOTARY (Not required if signed before Local Registrar)	Subscribed and sworn to before me on [illegible] 19[illegible]	12. Signature of Notary	13. Notary Commission Expires
SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date issued
	Date of Birth Given	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date issued
	Date of Birth Given	Full Name of Mother	Name of Father
VERIFICATION OF DELAYED CERTIFICATE	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.		
	State Registrar	Evidence reviewed by	Date Filed
		[illegible]	[illegible]

292-107-028-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-559

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Chester O. Kissinger			2. Date Of Birth (month) 10 (day) 7 (year) 1893	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Moscow, Latah Co.	b. City or Town of Birth: Moscow, Idaho	
FATHER	6. Full Name of Father: Edward S. Kissinger			7. State or Country of Father's Birth: KANSAS	
MOTHER	8. Full Maiden Name of Mother: Mary Cuthberth			9. State or Country of Mother's Birth: KANSAS	
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: X Chester O. Kissinger	11. Present Address of Registrant: Box 103 Lapwai Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Apr - 7th 1958		12. Signature of Notary: Dan D Emery	13. Notary Commission expires: My Commission Expires April 9, 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document (copy): Application for Insurance		By whom issued and signed: Great Western Mutual Assoc.	Date Issued:	Date Orig. Entry: Apr. 22, 1935
	Date of Birth: Oct. 7, 1893	Birth Place: Moscow, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document (photostat) Hospital Certificate of own child's birth		By whom issued and signed: Lewiston, Idaho St. Joseph's Hospital	Date Issued:	Date Orig. Entry: child born Oct. 23, 1933
	Date of Birth: Oct. 7, 1893	Birth Place: Moscow, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: statement regarding hospital records		By whom issued and signed: St. Joseph's Hospital, Lewiston, Idaho	Date Issued: -----	Date Orig. Entry: admitted Oct. 30, 1954
	Date of Birth: Oct. 7, 1893	Birth Place: Moscow, Idaho	Full Name of Mother: Mary Cuthbert	Name of Father: E. S. Kissinger	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Penny Patterson	Date Filed: June 23, 1960

FORM BH 56067

JUN 24 1960

715-22901 5-955

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-812

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ZELLA GRACE PANTING
2. Date of Birth: (month) OCTOBER (day) 29th (year) 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Caribou; b. City or Town of Birth: Soda Springs, Idaho

FATHER

6. Full Name of Father: Christopher Panting
7. State or Country of Father's Birth: Glouchester England

MOTHER

8. Full Maiden Name of Mother: Salina Eliza Reed
9. State or Country of Mother's Birth: London England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Zella Grace Panting McClellan
11. Present Address of Registrant: Soda Springs, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: August 30th 19 60

12. Signature of Notary: L. M. Traverse
13. Notary Commission expires: 8/3/63 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	Idaho #207877	-----	child born Nov. 9, 1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 39	Soda Springs, Ida.	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by daughter of midwife	Jessie Call Anderson Larsen	Sept. 14, 1960	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 29, 1893	Soda Springs, Ida.	Salina Eliza Reed Panting	Christopher Panting

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of admission record	Hospital, Soda Springs, Idaho A. H. Tigert, phys. D. Ellis, clerk	-----	admitted Jan. 23, 1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 58	-----	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barnum	pw Penny L. Wing	Sept. 15, 1960

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

236-202-007-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-117

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Ann Stoddard		2. Date of Birth (month) May (day) 2 (year) 1893
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Blaine; b. City or Town of Birth: Antelope Idaho
FATHER	6. Full Name of Father: John Franklin Stoddard		7. State or Country of Father's Birth: Sacramento Calif
MOTHER	8. Full Maiden Name of Mother: Mary Ann Taylor		9. State or Country of Mother's Birth: Surry Co North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Ruth Wendell	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: May 20th 1957	12. Signature of Notary: Martha Kizer	13. Notary Commission expires: My Commission Expires Mar. 18, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by brother		By whom issued and signed: J.W. Stoddard 13 at birth	Date Issued: May 27,1957	Date Orig. Entry: -----
	Date of Birth: May 2,1893	Birth Place: Antelope,Idaho	Full Name of Mother: Mary Ann Stoddard	Name of Father: John Franklin Stoddard	
SUPPORTING RECORD 2.	Type of Document: Marriage License		By whom issued and signed: E. J. Michael, County Recorder Custer County Idaho	Date Issued: Oct.14,1960	Date Orig. Entry: Apr.5 ,1935
	Date of Birth: age 21	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: statement regarding insurance policy #1399333		By whom issued and signed: Business Men's Assurance Co.	Date Issued: Feb.1,1961	Date Orig. Entry: Dec. 1954
	Date of Birth: May 2,1893	Birth Place: Blaine Co, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	Feb. 7, 1961

FORM BH 56067

FEB 8 1961

154-114-029-154

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De61-240
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLARENCE FLOYD ANDERSON			2. Date of Birth (month) MAY (day) 14 (year) 1893	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: IDAHO LATAH	b. City or Town of Birth: MOSCOW	
FATHER	6. Full Name of Father: Gustaf Emil Anderson			7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Sofe Blenda Anderson			9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Clarence Floyd Anderson	11. Present Address of Registrant: Route #3, Moscow, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 10 1961		12. Signature of Notary: Dorothy N. Lloyd	13. Notary Commission expires: October 10 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: SOFE B. ANDERSON Moscow, Idaho	Date Issued: 13-12-56	Date Orig. Entry:
Class* B	Date of Birth: May 14 1893 / Birth Place: Moscow, Idaho Latah County	Full Name of Mother: Sofe Blenda Anderson	Name of Father: Gustaf Emil Anderson	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assn.	Date Issued: Feb.19,1936	Date Orig. Entry: June 1,1936
Class	Date of Birth: May 14,1893 / Birth Place: Moscow, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Curch Record	By whom issued and signed: Carl Aug.Rawstedt, Pastor	Date Issued: ----	Date Orig. Entry: July 30,1893
Class	Date of Birth: May 14,1893 / Birth Place: Moscow, Idaho	Full Name of Mother: Blanda Sophia Andersen	Name of Father: Gustof Emil Anderson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Penny L. Wing	Date Filed: March 15, 1961

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 Copy pmf

Form DPH #9067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 15 1965

693-230-036-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-439

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eveline Wilde			2. Date of Birth (month) October (day) 30 (year) 1893	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho / Oneida	b. City or Town of Birth: Mink Creek	
FATHER	6. Full Name of Father: Thomas Hewlett Wilde			7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Louisa Jane Carter			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eveline Wilde Heath		11. Present Address of Registrant: 4567 No. El Rovia Avenue, El Monte, California.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 15 1961	12. Signature of Notary: M. A. Sowers		13. Notary Commission expires: Los Angeles Co. California. Dec 23 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, Mink Creek Ward, Joseph F. Smith, Historian		Date Issued: Apr. 13, 1961	Date Orig. Entry: recorded Nov. 7, 1893
	Date of Birth: Oct. 30, 1893	Birth Place: Oneida County Mink Creek, Idaho	Full Name of Mother: Louisa Carter	Name of Father: Thomas H. Wilde	
SUPPORTING RECORD 2.	Type of Document: affidavit by brother	By whom issued and signed: Ira Wilde born 1882		Date Issued: Mar. 18, 1961	Date Orig. Entry: ----
	Date of Birth: Oct. 30, 1893	Birth Place: Oneida County Minkcreek, Idaho	Full Name of Mother: Louisa Jane Carter	Name of Father: Thomas Hewlett Wild	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Salt Lake Temple Archives, Dorothy D. Udell, Custodian		Date Issued: May 2, 1961	Date Orig. Entry: Mar. 14, 1923
	Date of Birth: Oct. 30, 1893	Birth Place: Oneida County Mink Creek, Idaho	Full Name of Mother: Louisa J. Carter	Name of Father: Thomas H. Wilde	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Penny L. Wing	Date Filed: May 17, 1961

FORM BH 56067

3-15-61

MAY 17 1961

DELAYED CERTIFICATE OF BIRTH

249-207-011-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 713

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Merele Dee Smith
2. Date Of Birth (month) (day) (year): August 7 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bonner b. City or Town of Birth: Bonners Ferry Idaho

FATHER

6. Full Name of Father: Charles Dee Smith
7. State or Country of Father's Birth: United States of America

MOTHER

8. Full Maiden Name of Mother: Josie Amelia Peterson
9. State or Country of Mother's Birth: United States of America

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Merele D. Lawrence
11. Present Address of Registrant: 2185 S. W Yamhill #505 Portland 5 Ore

NOTARY (Seal)

Subscribed and sworn to before me on AUG 14 '59 19__

12. Signature of Notary: George B. Sowers
13. Notary Commission expires: My Commission Expires March 4, 1963 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		Sept. 13, 1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 7, 1893	Bonners Ferry, Idaho	Josie Peterson	Charles Dee Smith

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Record-Application	Mutual Benefit Life Ins. Co.		Aug. 5, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 7, 1893	Bonners Ferry, Idaho	Josie A. Smith	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	Bureau of the Census	Aug. 14, 1961	June 1, 1900

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 1893	Idaho	J. Smith	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	mf	Penny L. Wing Aug. 29, 1961

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 29 1969

364-124-029-844

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 817

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Samuel Robert Lough		2. Date Of Birth (month) (day) (year): March 24 1893
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Moscow (near) Latah; b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: George Washington Lough		7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Rhoda Catherine Humphreys		9. State or Country of Mother's Birth: Missouri
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert Lough	11. Present Address of Registrant: Lot 541 Crossroads Trailer Court St Petersburg 9, Fla
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 1 1961	12. Signature of Notary: Thelma Lea Arthur	13. Notary Commission expires: Notary Public, State of Florida at Large My Commission Expires April 18, 1964 Bonded by American Surety Co. of N.Y.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Marriage	By whom issued and signed: Spokane County, Washington Frank J. Glover, Auditor	Date Issued: Aug.11,1961	Date Orig. Entry: Aug.31,1920
	Date of Birth: age 27 / Birth Place: Idaho	Full Name of Mother: Rhoda C. Humphrees	Name of Father: George W. Lough	
SUPPORTING RECORD 2.	Type of Document: statement regarding school records	By whom issued and signed: University of Idaho, D.D. DuSault, Registrar	Date Issued: Sept.25, 1961	Date Orig. Entry: June 9,1924
	Date of Birth: Mar.24,1893 / Birth Place: Moscow, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit by ~~mother~~	By whom issued and signed: Gertrude Marshall age 81	Date Issued: Aug.7,1961	Date Orig. Entry: -----
	Date of Birth: Mar.24,1893 / Birth Place: Latah Moscow, Idaho	Full Name of Mother: Rhoda Catherine Humphreys	Name of Father: George W. Lough	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Oct. 3, 1961

FORM BH 56067

6-8-61

1 copy paid # 17203.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 3 1962

1 copy paid # 17203.

554-212-022-994

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-451

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby Nedrow			2. Date Of Birth (month) (day) (year): November 12, 1893
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: Simmington Nedrow			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Riddle			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby N. Calhoun		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: April 9, 1962	12. Signature of Notary: Grace M Woodruff		13. Notary Commission expires: My Commission expires August 21, 1963 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage license affidavit	By whom issued and signed: LaMonte Bauer, Clerk of Dist. Court.	Date Issued: Mar. 29, 1962	Date Orig. Entry: Jan. 21, 1922	
	Date of Birth: Age: 27	Birth Place: -----	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2. X	Type of Document: affidavit by brother, age: 82	By whom issued and signed: S. A. Nedrow ✓	Date Issued: April 23, 1962	Date Orig. Entry: ------	
	Date of Birth: Nov. 12, 1893	Birth Place: Ashton, Idaho	Full Name of Mother: Sarah Ann Riddle Nedrow	Name of Father: Simmington Nedrow	
SUPPORTING RECORD 3.	Type of Document: photo copy of family record	By whom issued and signed: Family Record	Date Issued: obviously	Date Orig. Entry: old	
	Date of Birth: Nov. 12, 1893	Birth Place: --------	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Barron	sm sm Shirley Miller	June 5, 1962

FORM BH 56067

JUN 5 1962

DELAYED CERTIFICATE OF BIRTH

299-118-026-986

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-762

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alonzo Eugene Briggs
2. Date Of Birth: (month) July (day) 18 (year) 1893
3. Color or Race: White
4. Sex:
5. Place of Birth: a. County: Jefferson; b. City or Town of Birth: Rigby, Idaho

FATHER

6. Full Name of Father: George Briggs
7. State or Country of Father's Birth: Lehi, Utah

MOTHER

8. Full Maiden Name of Mother: Elsie Maria Rhodes
9. State or Country of Mother's Birth: Lehi, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alonzo Eugene Briggs
11. Present Address of Registrant: Rigby, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 11th 1959
12. Signature of Notary: Hope D Jones
13. Notary Commission expires: Jan 28th 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend since birth, age 79	By whom issued and signed: Alonzo E. Empey	Date Issued: 4-2-59	Date Orig. Entry:
	Date of Birth: July 18, 1893	Birth Place: Jefferson Co. Rigby, Idaho	Full Name of Mother: Elsie Maria Rhodes	Name of Father: George Briggs
SUPPORTING RECORD 2.	Type of Document: (Designation of Beneficiary Employment Record form)	By whom issued and signed: U. S. Civil Service Commission Agriculture, Forest Service	Date Issued:	Date Orig. Entry: March 22, 1943
	Date of Birth: July 18, 1893	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Record of Baptism LDS Church	By whom issued and signed: Joe S. Cromwell, Ward Clerk	Date Issued: ---	Date Orig. Entry: baptized Aug. 3, 1901
	Date of Birth: July 18, 1893	Birth Place: Fremont County Rigby, Idaho	Full Name of Mother: Elsie Rhodes	Name of Father: George Briggs

QUALIFYING INFORMATION

Marriage Record, Salt Lake Co., Utah; 1-28-60: age 23 as of Oct. 11, 1916.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	nr Shirley Miller	October 15, 1962

FORM BH 56067

1 copy paid

OCT 16 1962

249-203-001-766

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De62-779
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ideal Alpha Burns	2. Date of Birth (month) (day) (year): April 3 1893	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Ada; Hunter now Meridian; b. City or Town of Birth: Country — Meridian
FATHER	6. Full Name of Father: Samuel Martin Burns	7. State or Country of Father's Birth: McDonald County, Missouri	
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Pfost	9. State or Country of Mother's Birth: Bates County, Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ideal Alpha Freeland	11. Present Address of Registrant: 919 W 22nd St.
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 26 1962	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible		By whom issued and signed: Bible Record	Date Issued:	Date Orig. Entry: obviously old
Class*	Date of Birth: April 3, 1893	Birth Place: ---	Full Name of Mother: Mary E. Pfost	Name of Father: S. M. Burns	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt-Age 81		By whom issued and signed: Bessie M. Pfost	Date Issued: Oct 26, 1962	Date Orig. Entry: --
Class	Date of Birth: April 3, 1893	Birth Place: Meridian, Ada co. Idaho	Full Name of Mother: Mary Elizabeth Pfost	Name of Father: Samuel Martin Burns	
SUPPORTING RECORD 3.	Type of Document: No. 296 Certified copy of Minister's Report of Marriage		By whom issued and signed: Vern Thomas, Ada County Recorder, Boise, Idaho	Date Issued: Oct 26, 1962	Date Orig. Entry: Jan 8, 1913
Class	Date of Birth: Age 19	Birth Place: Meridian, Ida.	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	Oct 26, 1962

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 31 1971

OCT 26 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of person whose birth is being registered (First, middle, last)

2. Date of birth (Month, day, year)

3. Sex

4. Place of birth (County)

5. City or Town of birth

6. Name of father

7. Maiden name of mother

8. State or Country of father's birth

9. State or Country of mother's birth

AFFIDAVIT

I hereby declare that the facts set forth above are true to the best of my knowledge and belief.

10. Signature of Applicant

11. Present Address of Applicant

NOTARY

Subscribed and sworn to before me this

12. Signature of Notary

13. Notary Commission expires

(Type or print) Name of Applicant

Date of Birth

Place of Birth

Family Bible

Class

Type of Document

Affidavit by Aunt-Age 81

Date of Birth

Birth Place

Apr. 3, 1903

Meridian, Ida.

Idaho

Name of Father

Samuel Martin Toms

Full Name of Mother

Mary Elizabeth Frost

Class

Age 15

Meridian, Ida.

Type of Document No. 296

Certified copy of Minister's Record of Marriage

Date Issued

Oct 26, 1962

By whom issued and signed

Vern Thomas, Ada County Recorder, Boise, Idaho

Date Orig. Entry

Jan 8, 1913

Name of Father

Full Name of Mother

Class

Date of Birth

Birth Place

Type of Document

Date Issued

By whom issued and signed

Date Orig. Entry

Name of Father

Full Name of Mother

DO NOT WRITE BELOW THIS LINE

Date Issued

Oct 26, 1962

By whom issued and signed

Blair Frost

Date Orig. Entry

Previously Recorded

Name of Father

M. Burns

Full Name of Mother

Frost

Date Issued

Oct 26, 1962

By whom issued and signed

Blair Frost

Date Orig. Entry

Previously Recorded

Name of Father

M. Burns

Full Name of Mother

Frost

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been examined, which substantiates the facts as set forth in the foregoing statement.

(Seal)

State Registrar

W. W. Benson

Evidence Received by

Joseph E. Pratt

Date Filed

Oct 26, 1962

*Clerk & Recorder may issue prior to the 2nd day after the fourth attempt.

Class 6 Records may be issued before the four day waiting period. Class 1 and 5 after 90.

819-205-029-967

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-945

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VIOLETTE MARIE HARRIS			2. Date Of Birth (month) SEPT (day) 5 (year) 1893	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: IDAHO LATAH	b. City or Town of Birth: GENESEE	
FATHER	6. Full Name of Father: SAMUEL EDWARD HARRIS			7. State or Country of Father's Birth: MISSIOURI	
MOTHER	8. Full Maiden Name of Mother: ABBIE ELLA ROGERS			9. State or Country of Mother's Birth: DAYTON, WASHINGTON	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Violette Harris X	11. Present Address of Registrant: RR I W. SUMMERLAND, B.C. CANADA.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 6th 1962		12. Signature of Notary: F. B. Benson Hart	13. Notary Commission expires: on death 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by cousin; born 1883	By whom issued and signed: Mabel Rennewanz	Date Issued: July 11, 1962	Date Orig. Entry: --
	Date of Birth: Sept. 5, 1893 / Birth Place: Genesee, Idaho	Full Name of Mother: Abbie Ella Rogers	Name of Father: Samuel Edward Harris	
SUPPORTING RECORD 2.	Type of Document: photo copy of certified copy of own child's birth certificate	By whom issued and signed: File #1041, Washington	Date Issued: Feb. 10, 1950	Date Orig. Entry: child born June 16, 1925
	Date of Birth: Age: 31 / Birth Place: Genesie, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: statement regarding school record;	By whom issued and signed: Mrs. Marie Taylor, Sec. school records	Date Issued: Dec. 3, 1962	Date Orig. Entry: Year ending June 20, 1902
	Date of Birth: Sept. 5, 1893 / Birth Place: ---	Full Name of Mother: ---	Name of Father: S. E. Harris	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: December 27, 1962

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 27 19[redacted]

Hart

962714-018-841

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-321

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LEO LAWRENCE ROBERTSON
2. Date of Birth: (month) MAY (day) 14 (year) 1893
3. Color or Race: White
4. Sex: MALE
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: CLEARWATER IDAHO

FATHER

6. Full Name of Father: GEORGE MADISON ROBERTSON
7. State or Country of Father's Birth: MISSOURA

MOTHER

8. Full Maiden Name of Mother: ORA REBECCA QUARLES
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leo L Robertson
11. Present Address of Registrant: WARDEN WASHINGTON

NOTARY (Seal)

Subscribed and sworn to before me on 10/8 1959

12. Signature of Notary:
13. Notary Commission expires 7/22 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family record	Viewed by Bureau of Vital Statistics		old record

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 14, 1893	farm N. W. of Clearwater, Idaho	---	George Madison Robertson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge	U. S. Army	discharged 1-17-19	enlisted June 27, 1918

Date of Birth	Birth Place	Full Name of Mother	Name of Father
enlistment age 25 1/12	Clearwater, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Age- 90 Affidavit by neighbor at time of birth	Clarence O. Pell	April	13, 1963

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 14, 1893	Clearwater, Idaho	Ora Robertson	George Madison Robertson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Shirley Miller	June 5, 1963

FORM BH 56067

JUN 10 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

694-218-003-963

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-521

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MELBIE ORMOND			2. Date Of Birth (month) MARCH (day) 18 (year) 1893
	3. Color or Race: WHITE	4. Sex: FENALE	5. Place of Birth a. County: BANNOCK	b. City or Town of Birth: RUDY
FATHER	6. Full Name of Father: ENOS ORMOND			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: NELLIE GILZETTIE ROLFE			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melbie Ormond (Waters)		11. Present Address of Registrant: 562 "I" Street Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 26, 1963	12. Signature of Notary: Clara J Jenkins		13. Notary Commission expires: March 17 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement from Hospital	By whom issued and signed: Idaho Falls L. D. S. Hospital, Idaho Falls, Idaho	Date Issued: July 1, 1963	Date Orig. Entry: February 2, 1954
	Date of Birth: Age 60	Birth Place: ----	Full Name of Mother: -----	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: Family record book	By whom issued and signed: Enos Ormond	Date Issued: ----	Date Orig. Entry: Obviously Old
	Date of Birth: March 18, 1893	Birth Place: Rudy, Idaho	Full Name of Mother: Nellie Gillzettie	Name of Father: Enos Ormond
SUPPORTING RECORD 3.	Type of Document: Affidavit by Neighborlath Time of birth, Age 81	By whom issued and signed: Mrs. John A. Brown	Date Issued: ---	Date Orig. Entry: July 15, 1963
	Date of Birth: March 18, 1893	Birth Place: Rudy, Idaho Bannock County	Full Name of Mother: Nellie Gillzettie Rolfe	Name of Father: Enos Ormond
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bm Betty Morris	July 22, 1963

FORM BH 56067

JUL 22 1963

AMENDED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child (First, middle, last) — Phillip Edward Ormond

2. Date of birth — March 12, 1963

3. Sex — Male

4. Place of birth — Twin Falls, Idaho

5. Name of father — Edward Ormond

6. Birthplace of father — Idaho

7. Age of father at time of birth — 25

8. Maiden name of mother — Nellie Gilbertine Roper

9. Birthplace of mother — Idaho

10. Age of mother at time of birth — 25

11. Number of previous children born to this mother — 2

12. Number of previous children now living — 2

13. Legitimate or illegitimate — Legitimate

14. Name of physician or midwife in attendance at birth — Dr. Wm. Deacon

15. Address of physician or midwife — Twin Falls, Idaho

16. Date of filing — March 12, 1963

17. Signature of local registrar — W. M. Deacon

18. Signature of mother — Nellie Gilbertine Roper

19. Address of mother — Rt. 3, Box 25, Twin Falls, Idaho

20. Signature of informant — Nellie Gilbertine Roper

21. Address of informant — Rt. 3, Box 25, Twin Falls, Idaho

22. Relationship to child — Mother

23. Date received by local registrar — March 12, 1963

24. Certificate registered by — Betty Jarvis

25. Date registered — March 12, 1963

26. Remarks — Delayed birth registered from Hospital

27. Amended by order of District Court, Twin Falls County, Idaho, dated July 15, 1963

28. Date amended — July 15, 1963

29. Amended by — Nellie Gilbertine Roper

30. Name of father changed from Edward Ormond to Edward Ormond Roper

31. Name of child changed from Phillip Edward Ormond to Phillip Edward Ormond Roper

32. Date of amendment — July 15, 1963

33. Amended by — Nellie Gilbertine Roper

34. Name of father changed from Edward Ormond Roper to Edward Ormond

35. Name of child changed from Phillip Edward Ormond Roper to Phillip Edward Ormond

36. Date of amendment — July 15, 1963

37. Amended by — Nellie Gilbertine Roper

I hereby certify that the above is a true and correct copy of the original certificate of birth on file in my office.

Date issued: July 22, 1963

W. M. Deacon, Local Registrar

Betty Jarvis, Deputy

318-22-021-459

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-693

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Lila Evelyn Taylor
2. Date of Birth (month) (day) (year): September 22, 1893
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Franklin
b. City or Town of Birth: Mapleton

FATHER

6. Full Name of Father: Franklin Daniel Taylor
7. State or Country of Father's Birth: Weaver Co., Utah

MOTHER

8. Full Maiden Name of Mother: Eliza Priscilla Merrill
9. State or Country of Mother's Birth: Smithfield, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lila Evelyn Rogers Lila Evelyn Taylor
11. Present Address of Registrant: 8864 E. Camino Real Santa Gabriel

NOTARY (Seal)

Subscribed and sworn to before me on: JUNE 15 1963

12. Signature of Notary: [signature]
13. Notary Commission expires: KURT E. THIERFELDER, JR. My Commission Expires Nov. 1, 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Vital Statistics #43984	--	child born June 17, 1916
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 22 / Mapleton, Idaho	--	--	
SUPPORTING RECORD 2.	Affidavit by mother	Eliza Priscilla Taylor	------	July 11, 1960
	September 22, 1893 / Mapleton, Idaho	Priscilla Merrill	Franklin D. Taylor	
SUPPORTING RECORD 3.	Church Record of Membership	L.D.S. Church, Salt Lake City, Utah	---	blessed Dec. 10, 1893
	September 22, 1893 / Onida County Mapleton, Idaho	Prescilla Merrill	Franklin Daniel Taylor	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	la ec Shirley Miller	October 2, 1963

FORM BH 56067

OCT 2 1963

Born child's birth certificate

Age 22 Nampa, Idaho

632-208-021-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-826

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: INGRA Christina OLSON
2. Date Of Birth (month) May (day) 8th (year) 1893
3. Color or Race
4. Sex: Female
5. Place of Birth: a. County: Franklin; b. City or Town of Birth: Thatcher

FATHER

6. Full Name of Father: ERICK OLSON
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Betty Peterson
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ingra O. Van Orden
11. Present Address of Registrant: Smithfield Utah

NOTARY (Seal)

Subscribed and sworn to before me on Nov. 5th 1963

12. Signature of Notary: Glen Read
13. Notary Commission expires 2-10- 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	L. D. S. Church Record	Ella D. Jack, Custodian of church membership records.	Oct. 31, 1963	baptized June 1, 1901
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 8, 1893 / Thatcher, Idaho	Betty Peterson	Eric Olson	
SUPPORTING RECORD 2.	Certified copy of own marriage license	Iver L. Larsen, Clerk	Nov. 1, 1963	Sept. 8, 1915
	Age: 22 / ----	-----	-----	
SUPPORTING RECORD 3.	Certified copy of own child's birth certificate	Utah State File No. 991	Nov. 13, 1963	child born Dec. 26, 1920
	Age: 27 / Idaho	-----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

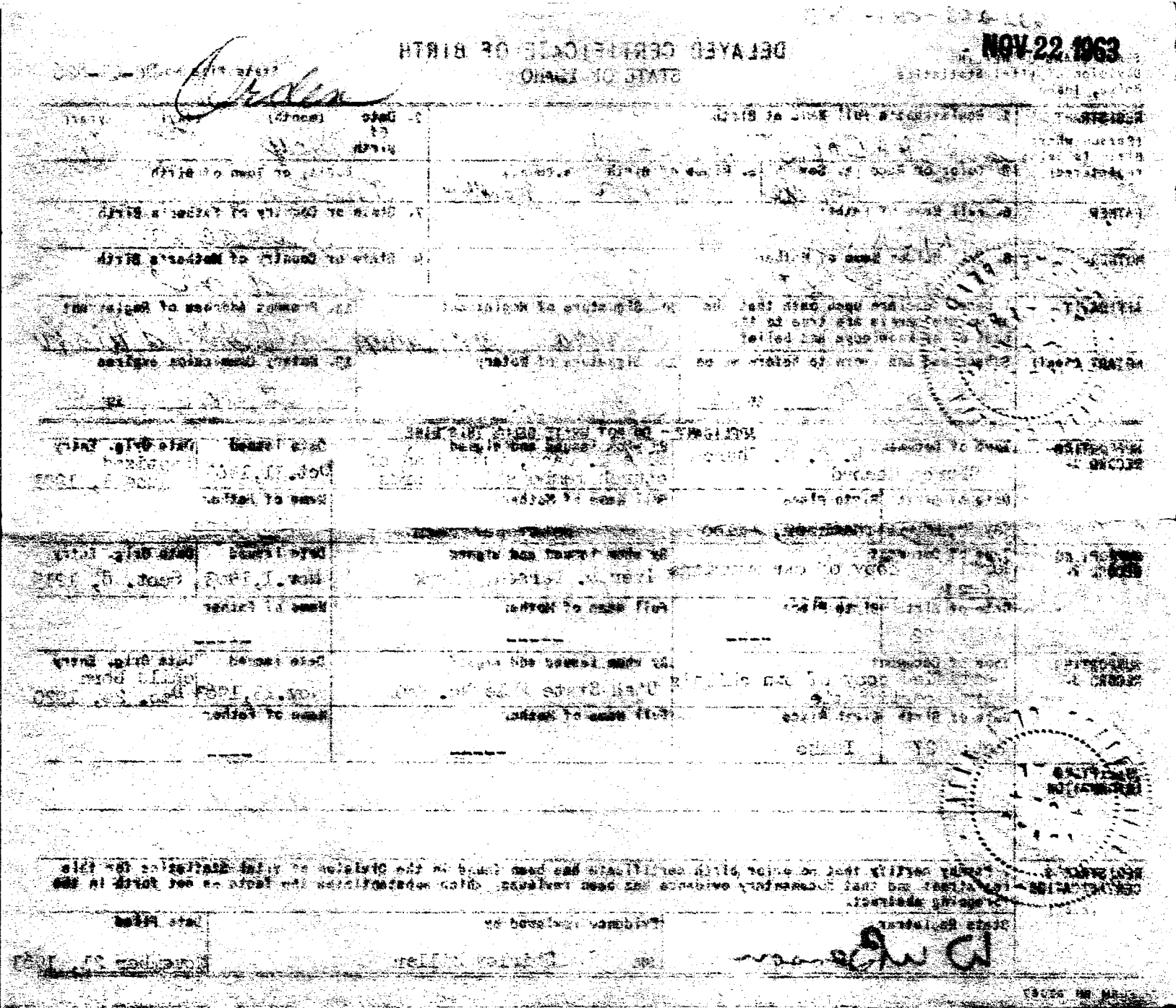
State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	November 21, 1963

FORM BH 56067

NOV 22 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO



253-220-008-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-258

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bell, Paulyn Emma		2. Date Of Birth (month) June (day) 20 (year) 1893	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Garden Valley Boise, Idaho	b. City or Town of Birth: Garden Valley
FATHER	6. Full Name of Father: Daniel Bell		7. State or Country of Father's Birth: unknown	
MOTHER	8. Full Maiden Name of Mother: Agnes Scanlon		9. State or Country of Mother's Birth: Granite Creek, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Paulyne Emma Lindsay	11. Present Address of Registrant: Apt 206 Penny Bldg, Boise	
NOTARY (Seal)	Subscribed and sworn to before me on: November 18 19 64	12. Signature of Notary: Ora E. Winston	13. Notary Commission expires: 6-1-62 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Metropolitan Life Ins. Policy	By whom issued and signed: W. J. Barrett, Secretary	Date Issued: April 1 1955	Date Orig. Entry: March 8 1955
	Date of Birth: June 20 1893	Birth Place: Garden Valley	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend of family	By whom issued and signed: Clara L. Whiteside	Date Issued: Mar. 29, 1966	Date Orig. Entry: ---------
	Date of Birth: Jun. 20, 1893	Birth Place: Garden Valley	Full Name of Mother: Agnes Scanlon	Name of Father: Daniel Bell
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ------	Date Orig. Entry: Obviously old
	Date of Birth: Jun. 20, 1893	Birth Place: Garden Valley	Full Name of Mother: Agnes Scanlon	Name of Father: Daniel Bell
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: March 29, 1966

FORM BH 56067

Received = 6991

MAR 30 1966

155-107-Q1-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-261

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilford Hazen Jensen		2. Date of Birth (month) August (day) 3 (year) 1893	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Weston
FATHER	6. Full Name of Father: Soren Jensen (Lauritsen)		7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Boletta Jensen		9. State or Country of Mother's Birth: Denmark	
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilford Hazen Jensen	11. Present Address of Registrant: 208 North Grant, Pocatello, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 16 1966	12. Signature of Notary: Mabel M Fennell	13. Notary Commission expires: April 18 1966	

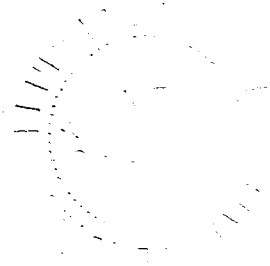
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding voting records	By whom issued and signed: Sarah Devaney, Bannock Co. Ida clerk. Pocatello #3 precinct	Date Issued: Feb. 23, 1966	Date Orig. Entry: Oct. 20, 1926
	Date of Birth: Age: 33 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: certified copy of affidavit for marriage license	By whom issued and signed: Bannock County, Idaho, Sarah Devaney, Clerk	Date Issued: Jan. 7, 1966	Date Orig. Entry: Jan. 7, 1920
	Date of Birth: Age 26 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother (13 yrs. older)	By whom issued and signed: Joseph P. Jensen	Date Issued: Feb. 25, 1966	Date Orig. Entry: -----
	Date of Birth: Aug. 3, 1893 / Birth Place: Weston, Idaho	Full Name of Mother: Boletta Jensen	Name of Father: Soren Jensen Lauritsen (he later took the name of Jensen)	
QUALIFYING INFORMATION	Family genealogy sheet on which the writing appears to be old gives following information: date of birth, August 3, 1893 Place of birth, Weston, Idaho, Parents Names as Anna B. Jensen and Soren Jensen;			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Gml Glenda Larson	Date Filed: March 29, 1966	

FORM BH 56067 (Copied on 8048)

(3) 3 15

MAR 29 1966
APR 17 1968



613-19-004-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-419

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROBERT HENRY WALLIS		2. Date of Birth (month) (day) (year): February 19, 1893
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: IDAHO, Bear Lake; b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: James Hearknett Wallis		7. State or Country of Father's Birth: London, England
MOTHER	8. Full Maiden Name of Mother: Elizabeth Todd		9. State or Country of Mother's Birth: Stratford, England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert H Wallis	11. Present Address of Registrant: 4137 Greenbrier Road, Long Beach, Calif. 90808
NOTARY (Seal)	Subscribed and sworn to before me on: March 17, 1966	12. Signature of Notary: Katherine E. Gordon, KATHERINE E. GORDON	13. Notary Commission expires: February 13, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy #222729	By whom issued and signed: Massachusetts Indemnity Ins. Co.	Date Issued: Oct.5,1950	Date Orig. Entry: Sept.20,1950
	Date of Birth: Feb.19,1893	Birth Place: Montpelier, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #934109(&10)	By whom issued and signed: American National Ins. Co. Galveston, Texas	Date Issued: -----	Date Orig. Entry: Aug. 11, 1944
	Date of Birth: Feb.19,1893	Birth Place: Montpelier, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: notarized photocopy of affidavit by sister	By whom issued and signed: Edith E. Wright, (born Mar. 19,1882)	Date Issued: Apr.19,1966	Date Orig. Entry: -----
	Date of Birth: Feb.19,1893	Birth Place: Montpelier, Idaho Bear Lake County	Full Name of Mother: Elizabeth Todd Wallis	Name of Father: James Heartnett Wallis
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	May 16, 1966

FORM BH 56067

W 4-19-66

MAY 1 0 1966

Wallace

261-230-021-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-373

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ETHEL SWAINSTON
2. Date of Birth (month) May (day) 30 (year) 1893.
3. Color or Race: White
4. Sex: F.
5. Place of Birth: a. County FRANKLIN b. City or Town of Birth Whitney mail PRESTON.

FATHER

6. Full Name of Father: HEBER SWAINSTON
7. State or Country of Father's Birth: ENGLAND

MOTHER

8. Full Maiden Name of Mother: ROSA LANE.
9. State or Country of Mother's Birth: ENGLAND

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ethel S. Mackle
11. Present Address of Registrant: RT. 3, PRESTON, IDA

NOTARY (Seal)

Subscribed and sworn to before me on: Apr. 28 1969

12. Signature of Notary: Joan Larsen
13. Notary Commission expires: Jan. 1 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Certificate of Birth	LDS Church, Whitney Ward, rec. of members #19022 line 113	Nov. 2, 1956	July 1, 1893
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 30, 1893 / Whitney, Idaho Oneida County	Rosa Lane	Heber Swainston	
SUPPORTING RECORD 2.	Own child's birth certificate	On file Idaho #67884	-----	child born Apr. 27, 1919
	Age: 25 / Whitney, Idaho	----	---	
SUPPORTING RECORD 3.	Certified copy of application for license to marry #3846	State of Utah, Box Elder County	May 5, 1969	July 3, 1957
	May 30, 1893 / Whitney, Idaho	Rosa Lane	Heber Swainston	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Larson
Evidence reviewed by: gml Glenda Larson
Date Filed: May 20, 1969

FORM BH 56067

1 cp. Ident #13233

RUSH (8) 5-1-69 gml

MAY 20 1969

466-215-016-156

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-618

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie Vivian Moon			2. Date Of Birth (month) (day) (year): Aug. 15 1893	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Hazel Cassia	b. City or Town of Birth: Hazel Idaho	
FATHER	6. Full Name of Father: Lee Roy Moon			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Lucy Ann Jeffs			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Elsie V Schmidt	11. Present Address of Registrant: Anderson Calif	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 25, 1969		12. Signature of Notary: Eleanor Wallender	13. Notary Commission expires: MY COMMISSION EXPIRES MAY 19, 1970 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records		By whom issued and signed: Mercy Hospital, Redding, Cal. Ida M. Dowell, Asst. Record Lib.	Date Issued: Aug. 20, 1969	Date Orig. Entry: Dec. 21, 1960
	Date of Birth: Aug. 15, 1893	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #41950	Date Issued: ---	Date Orig. Entry: child born Aug. 10, 1916
	Date of Birth: Age: 22	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family register in Bible		By whom issued and signed: Family Bible Record	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Aug. 15, 1893	Birth Place: Hazel, Idaho	Full Name of Mother: Lucy A. Moon	Name of Father: Lee Roy Moon	
QUALIFYING INFORMATION					

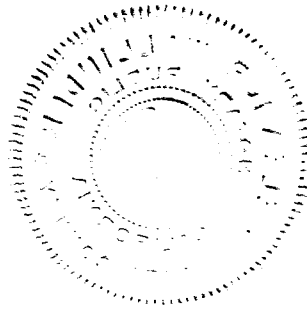
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	gml Glenda Larson	Sept. 22, 1969

FORM BH 56067

SEP 23 1969



168-210-001-128

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-864

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kathrina Johnson		2. Date Of Birth (month) Nov. (day) 10 (year) 1893	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Richard Harvey Johnson		7. State or Country of Father's Birth: Silver City, Idaho	
MOTHER	8. Full Maiden Name of Mother: Catherine Ashdown		9. State or Country of Mother's Birth: Hartford, Connecticut	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Kathrina Nixon	11. Present Address of Registrant: 3315 Morris Hill Road Boise Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 22 1971	12. Signature of Notary: Florence Cartright	13. Notary Commission expires: 4-20 1974	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Boise, Idaho Rev. N.V. Hughes St. John's Cathedral	Date Issued: Dec. 22, 1971	Date Orig. Entry: Baptized Feb. 6, 1894
	Date of Birth: Nov. 10, 1893 / Birth Place: Boise, Idaho	Full Name of Mother: Catherine M. Ashdown	Name of Father: Richard H. Johnson	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File# 78386	Date Issued: ----	Date Orig. Entry: Child born March 22, 1920
	Date of Birth: Age 26 yrs / Birth Place: Boise, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Statement from Hospital	By whom issued and signed: St. Alphonsus Hospital Mary E. Dorsey, RRA Med. Lib.	Date Issued: Dec. 23, 1971	Date Orig. Entry: Sept 7, 1966
	Date of Birth: Nov. 10, 1893 / Birth Place: ------	Full Name of Mother: -------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sl Sue Lowe	Dec. 23, 1971

FORM BH 56067

DEC 2 3 1971
JUL 1 2 1972
NOV 2 2 1972

266-215-025-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-190

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Minnie Lee Bowman		2. Date Of Birth (month) July (day) 15 (year) 1893
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Idaho County; b. City or Town of Birth: Grangeville, Idaho
FATHER	6. Full Name of Father: William Washington Bowman		7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Margaret Jeannette Manuel		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Minnie Lee Sherrill	11. Present Address of Registrant: 2505 HARVARD ST. BUTTE, MONTANA 59701
NOTARY (Seal)	Subscribed and sworn to before me on: AUGUST 15 1975	12. Signature of Notary: Thomas F. Kiely	13. Notary Commission expires: 10-17 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

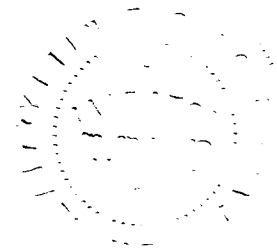
SUPPORTING RECORD 1.	Type of Document: Marriage License		By whom issued and signed: State of Montana	Date Issued: f28 July 75	Date Orig. Entry: 2 July 26
	Date of Birth: Age 33	Birth Place: Grangeville	Full Name of ~~Mother~~ Father: William Bowman	Name of ~~Father~~ Mother: Margaret Bowman	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: Kansas City Life Insurance	Date Issued: 10/6/58	Date Orig. Entry: 10/6/58
	Date of Birth: 65 years.	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Confidential S.S. Inform.		By whom issued and signed: Social Security Admin. Butte, Montana	Date Issued: 3/17/76	Date Orig. Entry: 3/24/71
	Date of Birth: 7/15/1893	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: md Margaret Davis	Date Filed: MAR 25 1976

FORM BH 56067

7-11-75

MAR 26 1976



282-207-066-691

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-177

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clara Alleen Bybee
2. Date Of Birth (month) (day) (year): January 7 1893
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Eagle Rock

FATHER

6. Full Name of Father: David Byrum Bybee
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Emily Adelaid France
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Clara Alleen Bybee
11. Present Address of Registrant

NOTARY (Seal)

Subscribed and sworn to before me on July 31 1984
12. Signature of Notary: Myrt Thomas
13. Notary Commission expires: permanent 1984

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family Record	Family - Recorded Index #1770 L.D.S. Church	Oct.8,1957	Sept.24,1957
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan.7,1893 / Eagle Rock, Id	Emily Adelaid France	David Byrum Bybee	
SUPPORTING RECORD 2.	Own child's birth certificate	on file - Idaho	-----	child born May 6,1924
	Age 31 / Eagle Rock, ID	------	---------	
SUPPORTING RECORD 3.	Application for Membership	Daughters of Utah Pioneers	Jun 7,1948	June 1,1948
	Jan 7,1893 / Idaho	David Byrum Bybee	Emily Adelaide France	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Lee Briggs, R.N.	fc Florence Curtright	August 1, 1984

FORM BH 56067

7-31-84

Hunt

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